Physician burnout and AMA regulatory victories

The AMA advocates against administrative burdens

We’ve shaped more than 40 policies and secured 12 regulatory victories that have reduced documentation burdens.

Key regulatory victories

Results

1. CMS removed several physician office evaluation and management (E/M) coding and documentation requirements, so physicians are no longer required to re-document the chief complaint and history that are already recorded by ancillary staff or the patient, among other improvements.
2. CMS replaced current requirements to defer, to a certain extent, to the ambulatory surgical center (ASC) policy and operating physician’s clinical judgment to ensure that patients receive the appropriate pre-surgical assessments tailored to the patient and the type of surgery being performed.
3. CMS replaced the requirement that ASCs have written transfer agreements or privileges with the local hospital with a requirement that ASCs must periodically provide the local hospital with written notice of its operation and the patient population served.
4. Proposed HIT rules contain many policies we have been urging the administration to adopt.
5. CMS expanded the covered indications for ambulatory blood pressure monitoring to include use in diagnosing patients with suspected masked hypertension.
6. After seven years the U.S. Food and Drug Administration (FDA) eliminated the risk evaluation and mitigation strategy (REMS) for HIV pre-exposure prophylaxis (PrEP), which removes a barrier to wider use of this powerful HIV prevention tool.
7. EHR vendors will no longer be able to use contractual, technical or financial limitations to restrict the access, exchange or use of health information.
8. EHR vendors will no longer be able to block or restrict physicians from communicating concerns with their EHR’s usability, interoperability or impact on patient safety. EHR vendors must remove any “gag clauses” included in contracts with physicians.
In progress

1. Working to eliminate, streamline, align, and simplify the many federal rules and regulations imposed on physicians.
2. Making the EHR Stark exception and anti-kickback safe harbor permanent.
3. Creating broad cybersecurity technology and services Stark exception and anti-kickback safe harbors.
4. Working to strengthen patient data privacy, reduce complications with some aspects of the Office of the National Coordinator’s information blocking proposals, and restrict entities (e.g., payers) from using EHR data to circumvent physician clinical decision-making and increasing prior authorization requirements.