

OPINION

Abolish burdensome regulations

Unfunded mandates, a ban on billing consultations and misaligned incentive programs are all federal requirements that negatively impact practices the most.

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More than anything else, physicians want to spend work time with patients and give them the best care they can. But when doctors and their staffs must spend countless hours and practice resources jumping through administrative hoops put in place by the federal government, there is a real fear that care will suffer.

That's why physicians are so attuned to how the regulatory landscape should be altered to let doctors focus more on what they do best. And that's why when the Obama administration reached out to organizations about possible ways to reduce the burdens posed by federal requirements, more than 2,000 doctors and many medical specialty societies readily responded through the American Medical Association.

On top of the list of physician regulatory gripes derived from the AMA survey is the large set of unfunded mandates that doctors deal with daily. Any time the federal government gives physicians more administrative work to do without any corresponding change to payment rates, that's more time and resources that will be siphoned away from patient care. Three out of five physicians responding to the survey said unfunded mandates were the most burdensome regulations they must deal with.

Take just one of these requirements: that physicians who accept both Medicare and Medicaid patients provide translators to beneficiaries who don't speak English or who have hearing problems. Obviously, doctors want to be able to communicate with their patients. But when a practice is forced to pay an out-of-pocket fee in the neighborhood of \$150 for the translator to assist a patient, knowing that the government won't even pay back the practice that much for the entire visit, the decision to see the patient in the first place effectively becomes a choice of whether the medical practice can afford to provide charity care. Medicare and Medicaid instead should pay translators directly.

Compounding this and numerous other unfunded mandates is the Medicare Economic Index, which is supposed to track how much more costly it is for physicians to provide care. The MEI does not take the long list of bureaucratic requirements into account. So even as practices budget more and more time, staff and other resources to filling out paperwork and staying compliant with federal rules, the MEI doesn't come close to keeping track. That has a substantial impact on how much practices are paid, and so the index must be modernized to fit into a 21st century landscape.

Also contributing to regulatory burdens for many physicians is Medicare's recent decision to ban the use of consultation codes. Nearly half of the respondents to the AMA survey said being forced to start billing for these services using regular visit codes, which pay far less, was causing problems for practices. The corresponding revenue drop for many physicians has been more significant than federal officials said it would be, and doctors are left in a confusing situation in which some payers allow claims for consults and some don't. Medicare needs to reinstate payments for consultations.

To help clear up another confusing situation that competes with patients for doctors' time, the administration must better coordinate federal incentives programs. The government encourages physicians to report quality measures, submit paperless drug orders and use electronic medical records. But these initiatives have requirements that do not work in tandem with each other, resulting in duplicative work by practices and the very real fear that doctors will face financial penalties for not being able to sort it all out.

Many of these burdens and others identified in the AMA survey -- such as problems with federal audits, enrollment procedures and insufficient outreach tactics -- come from rules that have the right goals but the wrong execution. It takes significant work to turn good intentions into good regulatory policy, and the administration must realize that this work is far from done.

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