5 steps to cutting the red tape that adds to doctor burnout

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At every turn, regulations imposed by payers, accreditors and others depress physician morale and interfere with patient care. But there is some good news for physician practices and health care organizations looking to save time while following the regulatory rules of the road.

It turns out that “a lot of that regulatory frustration is really self-imposed,” according to Kevin Hopkins, MD, a family doctor and senior physician adviser for practice transformation at the AMA. “It’s due to local practice and institutional policies that are really designed to keep physicians compliant with their organization’s interpretation of regulatory requirements.”

“As a result of this, there's significant opportunity for overinterpretation of regulatory requirements,” Dr. Hopkins said at a recent AMA STEPS Forward® Innovation Academy practice innovation boot camp at the AMA’s Chicago headquarters that detailed how physician practices and health care organizations can eliminate unnecessary work and free up more time to focus on what matters most—patient care. “There are policies and procedures which organizations develop that are far more restrictive than necessary, and there are practice standards that are designed for one setting and applied to another without modification.”

This is where the AMA’s “Debunking Regulatory Myths” series—which provides regulatory clarification to physicians and their care teams—can help. In his talk, Dr. Hopkins identified the five steps below to get rid of regulatory make-work that interferes with patient care and contributes to physician burnout.

> Reducing physician burnout is a critical component of the AMA Recovery Plan for America’s Physicians.
>
> Far too many American physicians experience burnout. That's why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.

Identify regulatory burdens

Start by informing physicians and other health professionals in your practice or organization that you are looking for regulatory burdens.

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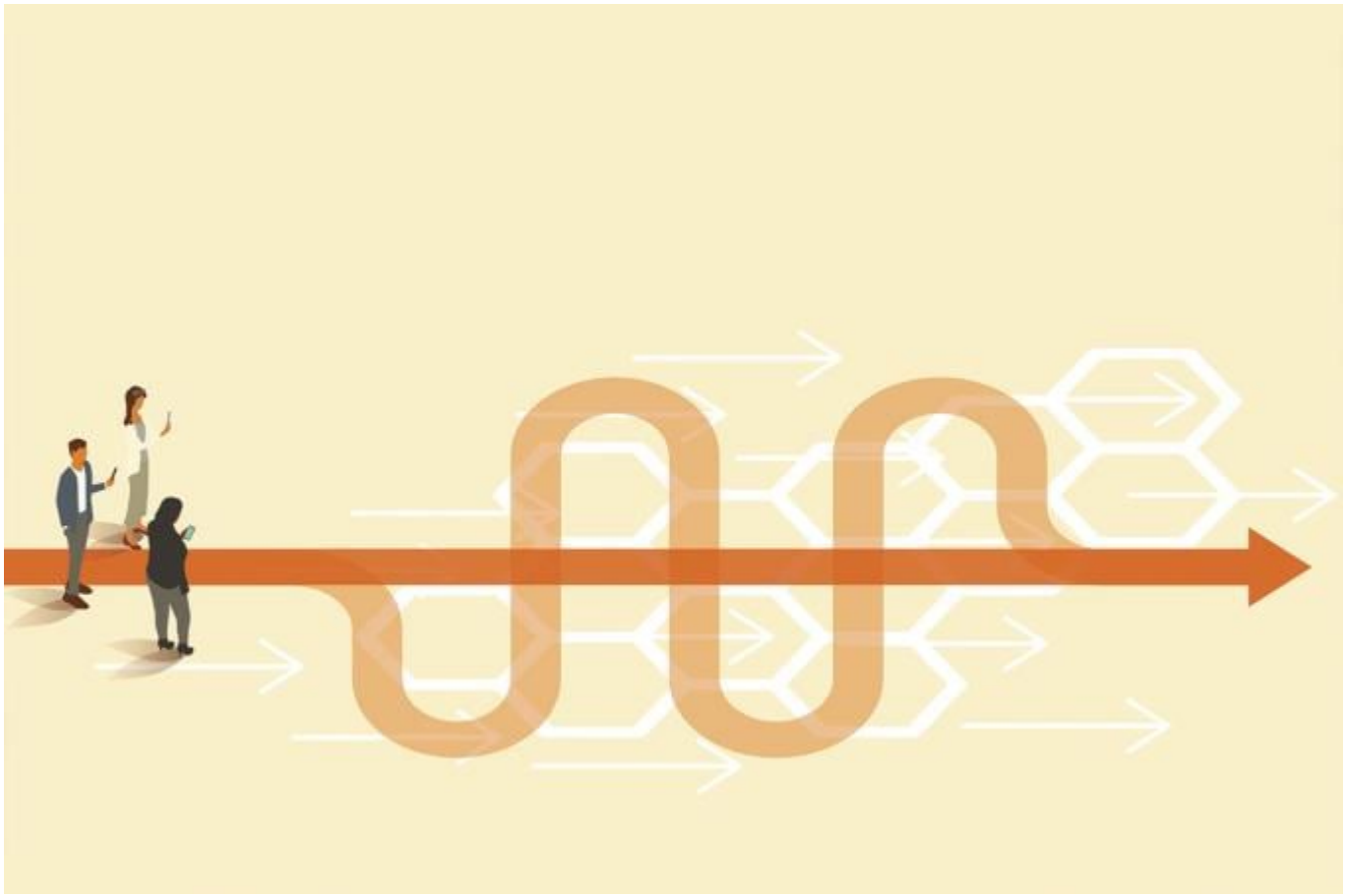

“Look for opportunities to engage them, have conversations with your friends and colleagues and co-workers,” Dr. Hopkins said. “And then figure out a mechanism for collecting ideas and suggestions because I guarantee you, everybody who works in your practice every day has to do things that they

ask why we have to do it this way."

Sort and prioritize the issues

"We tend to think of things in terms of impact versus effort," said Dr. Hopkins. "So, what's going to potentially have high impact, but be fairly low effort?"

Clarify the confusion

"The third step is clarifying the confusion. This requires time. It requires research, bringing together key stakeholders," Dr. Hopkins said, adding "it's a good idea to engage your regulatory compliance folks in your practice or health care organization."

Then, look at the published standards from Centers for Medicare & Medicaid Services and The Joint Commission. While the language may be "intimidating" at first, "you just have to read through all the stuff to get to the actual words that mean something to try to find what they're trying to say," said Dr. Hopkins, who is primary care vice chief for Cleveland Clinic. A great deal of the regulatory wording "is open to interpretation—and overinterpretation is a big driver of burnout."

In nearly two dozen cases, the AMA's experts have done this step, clarifying muddy regulatory provisions in areas as varied as two-factor authentication for prescriptions, patient test-result reviews and EHR documentation. See the full list on the AMA website.

Make the change

"You don't need to cover the whole waterfront," Dr. Hopkins said. "Pick one thing that you think is going to be relatively easy to put into place and see what happens."

Quantify the impact

"Use any available data to measure the impact of the workflow or process change because that's really what we're looking for," Dr. Hopkins said. "We're looking to save time, decrease frustration, improve efficiency, have better outcomes with our patients and improve professional satisfaction among our teams."

After succeeding with the change, make sure to let others know about it—inside the organization and outside, through conferences, journal articles and by sharing your story with the AMA.

Physicians also are encouraged to submit questions or ideas they have about potential regulatory myths. The AMA's experts will research the matter. If the concern turns out to be a bona fide regulation that unnecessarily burdens physicians and their teams, the AMA's advocacy arm can get involved to push for regulatory change.

The Debunking Regulatory Myths learning series is part of the AMA Ed Hub™?, an online learning platform that brings together high-quality CME, maintenance of certification, and educational content from trusted sources, all in one place—with activities relevant to you, automated credit tracking, and reporting for some states and specialty boards.

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