



MGMA 2017 Regulatory Burden Survey

SUMMARY OF FINDINGS

The Medical Group Management Association (MGMA) conducted member research in July 2017 to better understand the cost and challenge of complying with federal government regulations and mandates. The survey includes responses from 750 group practices with the largest representation in independent medical practices and in groups with 6 to 20 physicians. Read the full survey results at www.mgma.org/regrelief.

More than 80% of respondents agree or strongly agree that a reduction in Medicare's regulatory complexity would allow their practice to reallocate resources toward patient care. "Most of what we do to meet requirements is busy work that has no real impact on patient care," wrote one survey participant. This research also found the cost of compliance is a significant concern. Nearly half of respondents estimate they spent more than \$40,000 per FTE physician per year, directly or indirectly, to comply with new and existing federal regulations.

TOP FIVE REGULATORY BURDENS

Percentage of respondents who rated the issue as very or extremely burdensome	
Medicare Quality Payment Program	82%
Lack of electronic attachments for claims and prior authorization	74%
Audits and appeals	69%
Lack of EHR interoperability	68%
Payer use of virtual credit cards	59%

MAIN THEMES

1. Regulatory and administrative burdens draw resources away from patient care

- 84% of respondents agree or strongly agree that a reduction in Medicare's regulatory complexity would allow their practice to reallocate resources toward patient care.
- *"The regulatory and administrative burdens have dramatically increased over the past few years. However, the biggest problem isn't the increase itself, [it's] that the increase is for no*

*good purpose (does not improve care, distinguish between good and bad clinicians, save money, etc.).”**

2. Practices see little clinical benefit in the Merit-Based Incentive Payment System (MIPS)

- 80% of respondents are very or extremely concerned about the clinical relevance of MIPS to patient care.
- 73% of respondents view MIPS as a government program that does not support their practice’s clinical quality priorities.
- The vast majority of respondents are participating in MIPS in 2017 and 72% plan to exceed the minimum reporting requirements.
- *“We are a GI single specialty clinic. I can use the specialty measures for the MDs but not the mid-level providers as they don’t apply. I have to have two sets of MIPS requirements and measures. It’s extremely burdensome.”**

3. The complexity of MIPS is a barrier to success

- More than 70% of respondents find the MIPS scoring system to be very or extremely complex.
- 69% of respondents are very or extremely concerned the unclear program guidance will impact their ability to successfully participate in MIPS.
- *“The resources it will take to comply with MIPS are absurd, and the only thing the program measures is the ability to meet documentation requirements.”**

4. Practices are increasingly dependent on third-party vendors that are not accountable to the same rules and mandates

- 68% of respondents rate the lack of EHR interoperability as very or extremely burdensome.
- More than half of respondents are very or extremely concerned with federally-mandated EHR certification requirements.
- *“EHR vendors continue to charge addition[al] fees for a ‘package’ to meet MIPS reporting requirements. It’s a gold mine for them....”**

5. Non-standardized and onerous transactions drive up the cost of health care

- Nearly three-quarters of respondents rated the lack of electronic attachments for claims and prior authorization as very or extremely burdensome.
- 93% of respondents support a single provider credentialing source for Medicare, Medicaid, and commercial payers in the United States.
- *“Centralizing and simplifying initial and re-credentialing [of clinicians] would save our practice hundreds of dollars a year.”**

* Respondent comment to the following survey question: “Please provide additional comments about issues related to regulatory or administrative burdens facing your organization.”