August 12, 2019

Ms. Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC  20201

RE: CMS-6082-NC, Request for Information; Reducing Administrative Burden To Put Patients Over Paperwork

Submitted electronically via http://www.regulations.gov

Dear Administrator Verma:

The Association of Women in Rheumatology (AWIR) respectfully submits these comments to the Centers for Medicare & Medicaid Services (CMS) on the Request for Information regarding Reducing Administrative Burden to put Patients over Paperwork (CMS-6082-NC).

The Association of Women in Rheumatology (AWIR) promotes the science and practice of Rheumatology, fosters the advancement and education of women in Rheumatology, and advocates for access to the highest quality health care and management of patients with Rheumatic diseases. While there are no cures for Rheumatic diseases, medical research breakthroughs have led to treatments and therapies that can dramatically improve the quality of life for those living with rheumatic diseases.

Reducing administrative burden has long been a priority of AWIR. Unnecessary regulatory burdens place hardship on practices and can often lead to physician burnout. In fact, administrative tasks imposed on physicians are ever growing. As a result, AWIR’s rheumatologists and their staffs are made to divert time away from patients in order to meet burdensome requirements – and this often prevents patients from receiving timely and appropriate care or treatment.

CMS can better support the patient-physician relationship and allow rheumatologists to focus on providing specialty care to patients with complex conditions by reducing administrative burdens currently imposed on practices.

**Standardizing Prior Authorization**

Public and Private payers alike maintain different processes for obtaining authorization for requested medications, each with its own required forms and eccentricities. With clinicians and practices interacting with multiple payers on a regular basis, the tasks associated with obtaining prior authorization consumes a
significant amount of physician and practice time. AWIR holds that by decreasing time spent on documentation necessary for prior authorizations and allocating that time to more useful and productive tasks that improve care, physicians will be able to achieve the end goal of providing high-value patient-centered care. Furthermore, AWIR urges CMS to prioritize continuity of care, especially for patients with chronic diseases.

As such, AWIR urges CMS to continue its efforts to thoroughly examine the ways prior authorization can be improved through regulatory, practice, and procedural changes. Below are descriptions of issues CMS should review and AWIR’s suggestions on reducing administrative burden:

1. Implementation of selective application of prior authorization requirements based upon provider performance on quality measures and adherence to evidence-based medicine. For example, criteria for selective application of prior authorization requirements could be based upon provider ordering/prescribing patterns and historically high prior authorization approval rates.
2. Review of prescription drugs and treatments that are subject to prior authorization requirements and eliminate those from the list that have low denial rates.
3. Construct two-way communication channels between health plans, health care providers, and patients in order to ensure timely resolution of prior authorization requests. In addition, CMS and health plans should require that prior authorization requirements, criteria, rationale, and program changes be clearly explained to patients and providers.
4. Weigh a patient’s current condition who is subject to a prior authorization protocol; patients who are currently stable on their therapies should not have their course of treatment interrupted due to prior authorization requirements.
5. Move to standardized, electronic prior authorization process to improve efficiency and patient care.

AWIR has specifically done advocacy around reforming current prior authorization processes and support for implementation of a standardized, electronic requirement. A recent proposal made in the U.S. House of Representatives, the Improving Seniors’ Timely Access to Care Act (H.R. 3107) serves as an example of a first step toward what can be done to reduce burden. The bill standardizes the use of prior authorization in Medicare Advantage (MA) plans by establishing a streamlined and transparent electronic transmission process. H.R. 3107 also tasks HHS with collecting information from MA plans on how extensively they use prior authorization, as well as how often MA plans approve or deny medications and services.

AWIR holds that if prior authorization reporting requirements are standardized, the burden of prior authorization would be reduced dramatically. Moreover, industry-wide harmonization would reduce practice costs by minimizing the time providers and their staff spend completing additional forms under current processes. By narrowing down the number of providers and medications subject to prior authorization, administrative burden would be undoubtably reduced.

To that end, in January 2018, the American Hospital Association (AHA), America’s Health Insurance Plans (AHIP), American Medical Association (AMA), American Pharmacists Association (APhA), Blue Cross Blue Shield Association (BCBSA) and Medical Group Management Association (MGMA) released a consensus statement outlining their shared commitment to reduce administrative burden.¹

¹ Statement included, but was not limited to: the number of health care professionals subject to prior authorization (PA) should be evaluated and regular review of services and medications requiring PA; improvement on channels of communication between stakeholders is necessary; protection for continuity of care for patients should be upheld; and need for acceleration in industry adoption of electronic standards related to PA.

Administrative Burden Leading to Physician Burnout

Due to excessive administrative requirements that must be met, providers all too often become stressed to levels which led to physician burnout. Adherence to burdensome requirements results in providers having to divert their time away from patients which undermines patient care. Indeed, research has shown that increased administrative burdens contribute to physician burnout. Recent studies have shown that physicians spend over 50 percent of their time completing clinical documentation.\(^2\)

AWIR holds that physician burnout has led to decreases in the number of medical professionals in the workforce. By reducing administrative burden, CMS can support the patient-provider relationship and let providers focus on the more important task of investing time in their patients’ health. Among those in the scholarly community, physician burnout is considered as a growing public health concern. Physicians are experiencing more dissatisfaction, depression, exhaustion, and sense of failure.\(^3\) Increasingly, research shows that burdens imposed by administrative tasks which do not appear to add value to patient care lead to a disconnect between one’s calling and one’s daily work.\(^4\)

Experts assert that should this phenomenon continue to go unaddressed, patient care will be woefully undermined. AWIR strongly urges CMS to consider the impact of physician burnout when developing new strategies for reducing administrative burden.

Data Sharing to Enhance Patient Care

AWIR also believes that EHRs could become one of the key solutions to reducing administrative burden and enhancing patient care. Currently, data sharing is lacking in health care. Patients’ treatment history is often only available to providers through paper documentation (i.e., obtained by fax or mail). Given this, patient data must be entered into practice data systems individually. AWIR holds that EHR reform is a necessary component to reducing administrative burden and improving the patient-provider relationship.

Conclusion

Moreover, the varying prior authorization requirements and the lack of EHR automation in the process creates immense burden for physicians in trying to provide the best care for their patients. AWIR would like to thank CMS for their continued efforts to address unnecessary administrative burdens. We hope that you will find value in our response. If you have any questions regarding this letter, please contact Heather Kazmark, Government Affairs Specialist, at hkazmark@wjweiser.com or 847.264.5930.

Sincerely,

Grace Wright, MD, PhD
President, AWIR

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