



# MGMA 2018 Regulatory Burden Survey

## SUMMARY OF FINDINGS

MGMA has long been a champion for decreased regulatory burden and increased administrative simplification and standardization in order to achieve a more efficient and effective care delivery process for patients and providers.

The survey includes responses from 426 medical group practices.

### TOP FIVE REGULATORY BURDENS

<i>Percentage of respondents who reported the issue as very or extremely burdensome</i>	
Medicare Quality Payment Program (MIPS/APMs)	<b>88%</b>
Prior authorization	<b>82%</b>
Lack of electronic health record (EHR) interoperability	<b>80%</b>
Government EHR requirements	<b>77%</b>
Audits and appeals	<b>68%</b>

### KEY THEMES AND TAKEAWAYS

- 1. Regulatory burdens remain high and draw resources away from patient care.**
  - 86% of respondents reported the overall regulatory burden on their medical practice increased over the past 12 months.
  - 93% of respondents agree a reduction in regulatory burden would allow their practice to reallocate resources toward patient care.

*“The burden of regulations continue to drive costs up. Much activity is spent on wasteful exercises that add nothing to improving care.”*

**2. The burden associated with lack of EHR interoperability increased significantly over the past 12 months.**

- Respondents who rated lack of EHR interoperability as very or extremely burdensome grew to 80% from 68% in 2017.

*“Interoperability will never be achieved at the rate we’re going without bankrupting most private medical practices. As each of the EHR vendors moves towards their own interpretation of interoperability, they create different version of their own software that cost all of us more to implement and we can’t afford any more.”*

**3. Practices continue to see little clinical benefit in the Merit-based Incentive Payment System (MIPS).**

- Two-thirds of respondents do not believe the Medicare MIPS program, as implemented by CMS, supports their practice’s clinical quality priorities.
- Only 9% of respondents are satisfied or very satisfied with the performance feedback in MIPS.

*“The MIPS requirements interfere with patient care and force physicians to focus on things other than their patients.”*

**4. The transition to value-based payment is hindered by complexity and burden.**

- 90% of respondents reported the move toward value-based payment (in Medicare/Medicaid) increased the regulatory burden on their practice.
- Nearly half of respondents do not believe the clinicians in their practice understand how the Medicare MIPS program evaluates them on cost and utilization.
- Two-thirds of respondents are dissatisfied or very dissatisfied with the MIPS reporting requirements and methods.

*“The lack of clarity and constant readjusting of the MACRA regulations regarding MIPS/APMs is also frustrating.”*

**5. Interest exceeds opportunity to move to an alternative payment model (APM).**

- More than 40% of respondents expressed interest in participating in an advanced APM.
- Just 10% reported that Medicare offers a clinically-relevant advanced APM.

## ABOUT MGMA

With a membership of more than 40,000 medical practice administrators, executives, and leaders, MGMA represents more than 12,500 organizations of all sizes, types, structures and specialties that deliver almost half of the healthcare in the United States.