A regulatory tsunami threatens the financial viability of physician practices

Physicians are confronting a tsunami of regulatory requirements and penalties that detract from patient care and threaten the financial viability of their practices.

Many of these programs overlap, and often have conflicting requirements that change frequently, making it extraordinarily difficult for physicians to participate successfully. For example, measures that may be reported under the Physician Quality Reporting System (PQRS) can change annually when regulations are issued in November, for use the following January. In addition, any failure under the PQRS program affects ratings under the value-based modifier system, effectively subjecting unsuccessful participants to double-jeopardy.

Physicians also confront challenges meeting the requirements of the electronic health record (EHR) Meaningful Use program, having to record extensive data elements that often are not relevant to their specialties or their patients. Because most EHR systems lack interoperability, many physicians are forced to transmit lengthy faxes that the receiving office will never use in a pointless demonstration that they are using their EHRs “meaningfully.”

Feedback reports on physician performance are provided in the last quarter of the subsequent reporting year and, as a result, increase the likelihood that a physician who was unsuccessful in avoiding a penalty in any given year will be unable to do so in the following year, either.

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Physicians have many recommendations for easing regulatory burdens and the risk of unfair payment penalties. Briefly, we are asking Congress to:

- Direct the Centers for Medicare & Medicaid Services (CMS) to incorporate greater flexibility into the Meaningful Use program by reducing threshold requirements for measures that rely on actions and capabilities beyond their control.

- Reduce duplicative work by allowing quality measure submissions for PQRS to automatically satisfy quality requirements under Meaningful Use, and vice versa.

- Maintain PQRS measures for at least three years, unless new scientific evidence warrants a change.

- Provide Meaningful Use and PQRS feedback reports within the first quarter following the end of the reporting year.

- Provide a transparent appeals process for physicians by establishing a specific period of time and written notice from CMS about their failure to meet Meaningful Use or PQRS requirements, or when a penalty is to be imposed under the value-based modifier.