

Regulatory Burden Impedes Efforts to Improve Patient Outcomes

MGMA survey says administrative hurdles are growing

Physicians responding to an annual survey from the Medical Group Management Association (MGMA) [report](#) that overall regulatory and administrative burdens are increasing, and this is leading to concerns about their ability to maintain access to care for Medicare patients. "I have more staff dedicated to administrative duties than I do to patient care," reported one respondent.

Nearly 90% of the survey respondents indicate that prior authorizations are very or extremely burdensome. In its report, MGMA notes that challenges include having to manually submit documentation for prior authorizations to payers via fax or through a health plan's proprietary web portal. In addition, because health plans often have their own unique requirements, changing medical necessity requirements and appeals processes are added and increasing burdens.

"It delays patients' access to care. Some payers take over two weeks to respond, some do not respond at all, and providers must waste time chasing them down for an answer," said another respondent.

In addition to prior authorizations, the MGMA survey found that the federal Medicare quality programs, intended to provide incentives for providing high quality care, are seen more "as a complex compliance program." Medical groups are required to report a large number of measures under the program and many respondents feel that the measures don't drive meaningful change and outcomes.

Finally, the MGMA survey revealed that medical practice groups are concerned that reimbursement is not keeping up with medical inflation and, combined with the increased regulatory burdens, this impacts their ability to maintain access to care for Medicare patients. At least one group practice responding to the survey noted that they have eliminated service lines due to the resources and time required to authorize the services.

MGMA's survey included responses from over 350 group practices, 75% of which are in independent practices. Sixty percent of respondents are in practices with less than 20 physicians, while 16% are in practices with over 100 physicians.

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