Regulatory Burden Overwhelming Providers, Diverting Clinicians from Patient Care

Regulations are essential to ensure safety and accountability. However, the rapid increase in the scope and volume of mandatory requirements diverts resources from the patient-centered mission of health systems, hospitals and post-acute care providers.

$39 BILLION Spent by health systems, hospitals, and post-acute care providers each year on non-clinical regulatory requirements

629 mandatory regulatory requirements
- Hospitals have to comply with 341 mandatory regulatory requirements.
- Post-acute care providers have an additional 288 requirements.

$7.6 MILLION per community hospital spent annually to comply
- This figure rises to $9 million for those hospitals with post-acute care.
- For the largest hospitals, costs can exceed $19 million annually.
- The average hospital also spends almost $760,000 annually on the information technology investments needed for compliance.

Patients are affected by excessive regulatory burden through:
- Less time with their caregivers
- Unnecessary hurdles to receiving care
- Higher health care costs.
Medicare conditions of participation; billing and coverage determinations are the most costly areas:

- The Medicare COPs are important to ensure that care is provided safely and meets standards.
- However, these requirements need to be evaluated carefully to ensure they actually improve safety.
- Existing guidance to simplify billing and coverage determinations should be adopted universally by payers and others to achieve savings.

Regulatory burden costs $1,200 every time a patient is admitted to a hospital.

Percent of $7.5 Million per Hospital Spent on Regulatory Burden

- $1.6M - Billing & Coverage
- $240K - Program Integrity
- $760K - Health IT/ Meaningful Use
- $570K - Privacy & Security
- $710K - Quality Reporting
- $340K - Fraud & Abuse
- $120K - New Models of Care

Source: Data from the American Hospital Association Report: Regulatory Overload - Accessing Regulatory Burden on Health Systems, Hospitals and Post-acute Care Providers.

Reducing regulatory requirements will allow providers to focus on patients, not paperwork.
Non-Regulatory Drivers of Information Sharing

- Clinical Care
- Patient Engagement
- Research
- Private Payer Relationships
- New Partnerships
- Addressing Social Determinants
Over 90 Percent of Hospitals Provide Patients Online Access to Health Information

Accessing Health Data, 2012 - 2016

- View health information online:
  - 2012: 27%
  - 2013: 43%
  - 2014: 89%
  - 2015: 92%
  - 2016: 93%

- Download information from health record:
  - 2012: 16%
  - 2013: 30%
  - 2014: 80%
  - 2015: 84%
  - 2016: 84%

- Designate caregiver to access information on patient's behalf:
  - 2012: 81%
  - 2013: 83%

Source: Analysis of Health IT Supplement to the AHA Annual Survey, 2012-2016. Results are preliminary for 2016. Data unweighted.
Additional Patient Functions

Obtaining Healthcare Services, 2012 - 2016

- Request refills for prescriptions online:
  - 2012: 22%
  - 2013: 30%
  - 2014: 43%
  - 2015: 44%
  - 2016: 50%

- Schedule appointments online:
  - 2012: 24%
  - 2013: 31%
  - 2014: 40%
  - 2015: 44%
  - 2016: 48%

- Pay bills online:
  - 2012: 51%
  - 2013: 56%
  - 2014: 66%
  - 2015: 73%
  - 2016: 78%

- Securely message with providers:
  - 2012: 55%
  - 2013: 63%
  - 2014: 68%

Source: Analysis of Health IT Supplement to the AHA Annual Survey, 2012-2016. Results are preliminary for 2016. Data unweighted.
**Sharing of Health Information Increasing**

Hospital/Health System Electronic Sharing of Clinical/Summary Care Record, 2012 - 2016

- With Hospitals In Same System: 70% (2012), 71% (2013), 72% (2014), 74% (2015), 76% (2016)
- With Hospitals Outside System: 30% (2012), 36% (2013), 57% (2014), 68% (2015), 74% (2016)

**Source:** Analysis of Health IT Supplement to the AHA Annual Survey, 2012-2016. Results are preliminary for 2016. Data unweighted.
Many recipients of our electronic care summaries report that the information is not useful (30% in 2014, 33% in 2015, 36% in 2016).

Cumbersome workflow to send the information from our EHR system (29% in 2014, 32% in 2015, 25% in 2016).

Difficult to match or identify the correct patient between systems (27% in 2014, 34% in 2015, 35% in 2016).

Experience greater challenges exchanging across different vendor platforms (49% in 2014, 47% in 2015).

Source: Analysis of Health IT Supplement to the AHA Annual Survey, 2012-2016. Results are preliminary for 2016. Data unweighted.
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