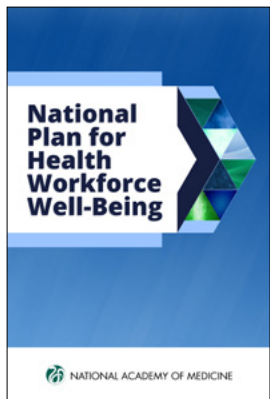




ADDRESS COMPLIANCE, REGULATORY, AND POLICY BARRIERS FOR DAILY WORK



Policymakers in federal, state, and local governments have an important role to play in the national movement for health workforce well-being, and need to plan and coordinate their actions with other actors as part of a systems approach. The NAM Clinician Well-Being Collaborative offers the following from its National Plan for Health Workforce Well-Being (nam.edu/NationalPlan) as critical steps

to prevent and reduce the unnecessary burdens that stem from laws, regulations, policies, and standards placed on health workers.

Health workers are faced with many time-consuming tasks that detract from time spent with patients or promoting health. Though standards are essential to providing safe, high-quality care, the constellation of organizational, state, and federal policies have created administrative requirements that multiply over the course of a health worker's day. Clarity of guidance from government agencies is needed to avoid overly conservative interpretation of regulations at the organizational level that can result in a less safe environment for patient care.

During COVID-19, strategies were rapidly implemented on a wide scale to decrease health worker workload so that the health system could emphasize patient care. For example, certain limitations to hiring out-of-state providers were lifted, documentation and reporting requirements were suspended or eliminated, and practice restrictions were modified. It will be important to understand the benefits that these flexibilities have had on the delivery of care and the health workforce, whether they should be sustained, and whether additional measures are needed. Fundamentally, health workers recognize what works in their local environments to execute a team-based model of care that meets patient needs and is positively linked to health worker well-being. Policymakers should provide opportunities for health workers to share their views, uncover barriers to team-based care, and work together to design a system that better serves the population and the health workforce.

Why Health Workforce Well-Being Matters

Health worker well-being is critical to a functioning health care system: it's estimated that burnout costs the U.S. health care system at least \$4.6 billion annually, and in 2023, nearly half of health workers reported often feeling burned out, up from a third in 2018. Safe, high-quality patient care relies on health workers who are safe, fulfilled, and supported.

Goal 4.1.

Time spent on documentation is reduced to provide more time for meaningful professional activities and personal well-being.

Actions

- 4.1.A. Revise policies and requirements for documentation that do not contribute to quality patient care.
- 4.1.B. Remove low-value tasks from processes, rather than simply automating them.
- 4.1.C. Measure time spent on documentation and set goals to reduce non-patient contact time.
- 4.1.D. Use metrics to assess the nature and quality of workload in addition to achieving a reduction in overall time spent on administrative work.
- 4.1.E. Include direct care workers in the refinement of electronic health records (EHRs) to ensure that proposed changes improve workflow.

Goal 4.2.

Policies address hybrid, virtual, and in-person workflows to facilitate work-life integration and responsive patient care.

Actions

- 4.2.A. Institute paid leave and protections for health workers.
- 4.2.B. Involve direct care workers in the development of hybrid workplace policies and provide training for teams to connect in-person and virtual workflows.
- 4.2.C. Assess how virtual and in-person workflows connect and support each other.
- 4.2.D. Fund infrastructure to support effective transitions to virtual or hybrid workflows for health workers.

Goal 4.3.

Prior authorization requirements are reimagined in a manner that places a focus on supporting quality patient care while also reducing unnecessary burden on health workers.

Actions

- 4.3.A. Eliminate prior authorization requirements if validated clinical decision support tools are used.
- 4.3.B. Reduce the volume of prior authorizations needed and increase transparency of requirements.
- 4.3.C. Standardize the prior authorization process with a single workflow so that payers can respond within fixed and defined timelines.
- 4.3.D. Increase automation when appropriate and deploy health IT to ensure timely care for patients.
- 4.3.E. Create rules and regulations that are general and as inclusive as possible. If exclusions are required, ensure they are limited and as specific as possible.

Goal 4.4.

Requirements are streamlined for health workers to comply with regulations and policies.

Actions

- 4.4.A. Form a public-private task force of experts, regulators, and health workers to identify frameworks and best practices for interpreting local-level rules and guidance that minimize burden.
- 4.4.B. Standardize licensure processes, prepopulate necessary documents, and standardize timelines.
- 4.4.C. Standardize facility and procedural credentialing with prepopulated documents, attestations, and other required paperwork.
- 4.4.D. Re-evaluate mandatory learning and trainings to shorten or eliminate those that add to the administrative burden of health workers.

Goal 4.5.

Interstate practice is simplified and virtual services are easy for health workers and patients to use.

Actions

- 4.5.A. Expand telehealth and virtual care for subsets of patients where such care has been shown to be safe and effective.
- 4.5.B. Permanently remove certain licensure requirements to allow out-of-state health workers to perform telehealth services, and include telehealth credentialing and licensure within interstate compacts so that it is not an additional burden.
- 4.5.C. Develop compensation models that facilitate asynchronous and continuous electronic messaging between the patient and the health care team.