

Medical practices burdened by regulatory requirements

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(HealthDay)—The vast majority of group medical practices report that

regulatory requirements, including prior authorization and quality payment programs, are burdensome, according to a survey released by the Medical Group Management Association.

Analysis for the Annual Regulatory Burden Survey included responses from executives representing >400 group practices: two-thirds from practices with 100 physicians. Three-quarters of respondents were in independent practices.

The results of the survey show that 86 percent of respondents believe the overall regulatory burden on their [medical practice](#) has increased in the past year. The vast majority of respondents agree that a reduction in the regulatory burden would allow the medical practice to reallocate resources toward [patient care](#) (96 percent) and invest in new technology (80 percent). Prior authorization is a particular burden, with 83 percent saying it is either "very" or "extremely" burdensome. Eight in 10 respondents participate in the Merit-Based Incentive Payment System, which the majority say is "very" or "extremely" burdensome (77 percent); 87 percent of respondents say that positive [payment](#) adjustments have not covered the costs of time and resources spent preparing for and reporting under the program.

According to the authors of the report, "this year's survey responses demonstrate that there is still much to be done at the federal level to provide regulatory relief for providers and put patients over paperwork."

More information: [Annual Regulatory Burden Survey](#)

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