

Overview

Healthcare is a partnership between clinicians and patients defined by mutual trust and the shared goal of healing. When external factors create barriers between patients and clinicians, outcomes suffer.

The Novant Health Center for Public Policy Solutions identifies public policies that negatively impact patient-clinician relationships and works with policymakers to address them. Explore our key findings and policy solutions to overcome barriers, such as clinician burnout and regulatory burdens around annual checkups, with patients and clinicians at the center.



Over-regulation: A root cause of clinician burnout

124,000

estimated shortage of physicians by 2034, including 55,000 in primary care.ⁱ That's over 10% of all physicians in the United States.

46%

of all clinical and non-clinical health workers reported feeling burnt out often or very often in 2022.ⁱⁱ



Two in three physicians and one in two nurses have reported experiencing burnout.



Primary care physicians spend nearly two hours on electronic health record (EHR) tasks per hour of direct patient care – meaning they spend **twice the amount of time on documentation** than on directly caring for patients.

Health systems have tried to address burnout through education programs, pay increases for staff, and other wellness programs. However, these efforts only go so far. **We need to go beyond the individual and address the systemic causes of clinician burnout.**

Policy barriers: Regulatory limits to annual visits

19%

of new commercially insured patients were billed outside of a well visit and face additional costs. For our established patients, it jumped to 22%.

1/3+

of our established patients over 65 years old were billed outside of a well visit.

63%+

of our Medicare patients incurred additional billing during annual visits.

Regulations surrounding annual checkups are consistently at the top of the list of clinician and patient burdens. The Affordable Care Act requires insurers to cover patients' annual checkups at no cost. These visits – called "annual wellness visits" (AWV) or "complete physical exams" (CPE) – seem simple, but the regulatory realities are not.

Depending on the insurance plan, a no-cost AWV or CPE is highly regulated in terms of how clinicians can provide care and address patients' concerns. Specifically, clinicians cannot address chronic conditions or acute complaints during the exam without triggering the addition of a second concurrent visit, which undermines patients' expectations of a no-cost visit as they will now incur a bill.

Also, since the visit is concurrent, the clinician will be reimbursed less by the insurer than if they had asked the patient to come back another day to only discuss the specific concern.

Annual checkups: Clinicians' limited options

Currently, clinicians are left with only three options as acute concerns or chronic condition questions arise during AWWs or CPEs:



1. Document and bill for the acute and chronic conditions discussed.

Continue the exam, complete the required additional documentation, and share an unexpected bill with the patient.



2. Ask the patient to return on a different day for a separate appointment.

Comply with regulatory requirements, get fully reimbursed for services provided, prompt the patient to set aside time for another appointment, and generate an additional bill for the patient.



3. Address the patient's condition without documenting the care provided.

Provide unreimbursed expertise and violate some regulatory and insurer requirements.

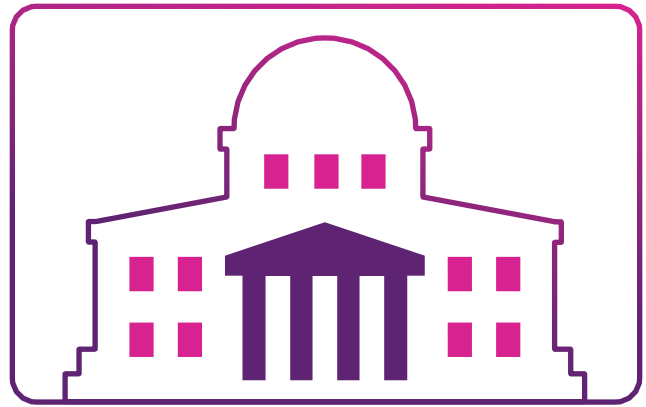
Solutions have not yet been identified for the issues above.

The Center is here to address that gap.

Policy solutions and action needed

We asked frontline clinicians what would solve the annual visit challenge, and the solution was simple:

All insurers should cover chronic condition management and acute health concern care during annual checkups.



The policy changes needed to solve these issues are complicated and require action from:

Federal and State Lawmakers:

Ensure commercial payors, MA, and Medicaid cover chronic condition management and acute health concern care as part of patients' annual visits at no cost. Ensure statute changes create coverage consistency across all plans.

Federal and State Agencies:

Ensure all Medicaid, Medicare, and MA reimbursements include chronic condition management and acute health concern care, plus reflect the increased level of care provided during annual visits.

With these solutions, policymakers can anticipate a reduction in clinician burden, an improvement in patient satisfaction, and an increase of patient engagement in preventive care. Healthcare systems may lose revenue due to these changes, but they will ensure healthcare's long-term viability and affordability.

To learn more or join
the Center's latest efforts, email
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