

Neurosurgery Advocacy Update

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I had the honor of [testifying before the U.S. Senate Budget Committee on May 8, 2024](#), to address the critical issue of administrative burdens in healthcare. The next month I returned to the House to testify on the [340B Drug Pricing Program](#). I hope my testimony did justice to our humble community.

First, I spoke to the Senate committee about the increasing administrative burdens on clinicians, which detract significantly from patient care and lead to physician burnout. I've written extensively on this topic, highlighting how [quality metrics](#) and [electronic health records](#) burden physicians, and how we can keep a promise to [put patients over paperwork](#).

In my testimony, I focused on administrative burdens stemming from federal regulations. This gave me an opportunity to help educate our lawmakers on steps they could take to reduce these burdens. Physicians today are overwhelmed by tasks mandated by federal regulations, particularly from the Centers for Medicare and Medicaid Services (CMS). These regulations consume a substantial portion of our time, leading to [stagnant labor productivity growth in healthcare](#). Meanwhile, the expansion in the healthcare workforce has been predominantly in administrative roles rather than in patient-facing ones.

CMS's myriad quality metrics, billing regulations and electronic health record (EHR) mandates have exacerbated this issue. These mandates significantly contribute to physician burnout—[a critical issue](#), with [nearly two-thirds of doctors](#) reporting burnout symptoms. Medical students fare no better, with many recognizing the burdens that come with clinical practice; that [61% don't plan on practicing medicine](#) after graduation.

Quality programs, such as the [Merit-Based Incentive Payment System \(MIPS\)](#), though well-intentioned, have created a complex web of requirements that often hinder rather than help. While any firm in any industry should measure quality, the top down, heavy-handed methods employed by CMS have had disastrous consequences. Many metrics, such as the Hospital Readmission Reduction Program, [have harmed patients](#). These metrics have also [driven the increased administrative burdens](#), tethering physicians to computers and necessitating the hiring of numerous administrative staff to collect and report metrics.

It's not just metrics that are tethering physicians to computers. Despite their potential benefits, EHR systems worsen administrative burdens due to their inefficiencies and the onerous documentation they require. The "[meaningful use](#)" mandates from CMS have resulted in a consolidated EHR market full of cumbersome products. This has transformed physicians into data and order entry clerks, taking us away from patients. Numerous studies demonstrate how EHR use has eroded clinical time. Repealing meaningful use would alleviate many of these burdens.

To tackle these administrative challenges, we must promote competition in the healthcare market. A system driven by patient choice and provider efficiency can alleviate many of the current burdens. Increasing the penetration of Medicare Advantage and Medicaid Managed Care Organizations can [shift CMS from being a plan operator to a plan regulator](#), focusing on risk adjustment and payment approaches rather than micromanaging care delivery. Additionally, addressing hospital consolidation and fostering competition can lead to more innovative and efficient healthcare solutions.

Next, I spoke to the House on the 340B Drug Pricing Program. This program stifles competition in healthcare by diverting funds from patients and payers to large hospital corporations. It may seem inconsequential to neurosurgeons, but this small program is a huge driver in hospital consolidation. It gives a large financial advantage to large, consolidated corporations over small, independent practices. While more notable in clinics which provide infusions (oncology, rheumatology, etc), it ultimately affects all small practices by continuing to drive consolidation.

My experiences testifying before both the U.S. Senate Budget Committee and the House on these critical issues have been enlightening and reaffirming. Addressing administrative burdens and the 340B Drug Pricing Program are pivotal steps toward creating a more efficient and patient-centered healthcare system. By reducing the regulatory pressures on physicians and ensuring fair competition, we can refocus our efforts on providing high-quality patient care. I am hopeful that my testimony has shed light on these issues and will contribute to meaningful reforms that benefit both healthcare providers and patients alike. Our collective goal should always be to support a healthcare environment where clinicians can dedicate their time and expertise to patient care without the overwhelming weight of unnecessary administrative tasks. I can only hope my voice makes a difference.