## FINDINGS FROM A 2018 SURVEY OF PHYSICIANS REGARDING THEIR EXPERIENCES WITH HEALTH INSURERS

### Putting Profits Before Patients:

#### Consider health insurer personnel unqualified to make medical decisions for patients
- 92% Agree

#### Say they no longer have adequate influence in health decisions for their patients
- 89% Agree

#### Report health insurers interfere with their ability to prescribe individualized treatments
- 87% Agree

#### Worry health insurers have a negative effect on patient care
- 79% Agree

#### Recommend that patients order drugs online from countries with lower safety standards to get the prescribed medications
- 41% Agree

### Patient Confidence is Declining

- Yes or No: Because of insurance company decisions that take away my discretion, patients are losing confidence in the care I provide
- 47% Agree Strongly or Somewhat Agree
- 31% Disagree Somewhat
- 17% Disagree Strongly
- 5% Don’t Know

### Almost Half of Primary Care Doctors (48%) Are Considering Leaving Medicine, and 67% Recommend Against a Career in Medicine.

### Heavy Financial & Emotional Burden

- 90% have diminished time for patients due to administrative requirements
- 85% feel frustrated when they encounter health insurance-related issues
- 77% have hired more administrative staff to handle paperwork
- 65% believe they face greater legal risks due to health insurers’ decisions
- 37% say half or more of daily stress is due to insurance problems
THE TOLL FOR PATIENTS

DOCTORS SAY HEALTH INSURERS ARE MOST RESPONSIBLE FOR RISING HEALTH CARE COSTS

How much do the following industries contribute to rising health care costs?

<table>
<thead>
<tr>
<th>Industry</th>
<th>Contributes a lot</th>
<th>Contributes somewhat</th>
<th>Contributes not a lot</th>
<th>Contributes not at all</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance Companies</td>
<td>70</td>
<td>25</td>
<td>4</td>
<td>1</td>
<td>95</td>
</tr>
<tr>
<td>Pharmaceutical Companies</td>
<td>60</td>
<td>33</td>
<td>6</td>
<td>1</td>
<td>93</td>
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<tr>
<td>Government policies</td>
<td>51</td>
<td>40</td>
<td>8</td>
<td>1</td>
<td>91</td>
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<tr>
<td>Lawsuits</td>
<td>53</td>
<td>36</td>
<td>9</td>
<td>2</td>
<td>89</td>
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<tr>
<td>Hospitals</td>
<td>42</td>
<td>47</td>
<td>9</td>
<td>1</td>
<td>89</td>
</tr>
<tr>
<td>Decisions by individual patients</td>
<td>24</td>
<td>47</td>
<td>25</td>
<td>4</td>
<td>71</td>
</tr>
</tbody>
</table>

ACCESS BARRIERS OF TOP CONCERN

91% say insurers engage in nonmedical switching, which forces stable patients to take less costly and potentially less effective medicine.

91% state that prior authorization, a time-consuming process to get insurers’ approval for a treatment, delays needed care.

90% criticize step therapy policies, which force patients to try and fail on cheaper, sometimes less effective treatments before plans will cover what doctors prescribe.

89% say insurers use predetermined formulas for decision-making rather than allowing for patient-centered care.

DUE TO INSURERS’ ACCESS BARRIERS, SUCH AS PRIOR AUTHORIZATION, 87% OF DOCTORS SAY PATIENTS’ CONDITIONS HAVE WORSENED, AND 83% FEAR THEIR PATIENTS MAY EXPERIENCE PROLONGED PAIN.