DOCTORS IN DISTRESS
AVOIDING HEALTH CARE PROVIDER SHORTAGES

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AIMED ALLIANCE

To protect and enhance the rights of health care consumers and providers
- Research and analysis
- Policy recommendations
- Education
- Advocating for enforcement
  - Laws
  - Professional ethics

Center for U.S. Policy

To improve Americans’ health, safety, and economic opportunity
- Freedom
- Responsibility
- Compassion
PREVIEW

- Looming doctor shortage
- Contributing factors
  - Interference with professional judgment
  - Administrative burden
  - Emotional toll
  - Trust and ethics concerns
- Recommendations
- Q&A
The Complexities of Physician Supply and Demand: Projections from 2016 to 2030

Final Report

Prepared for:
Association of American Medical Colleges

Submitted by:
IHS Markit Ltd
March 2018

PUTTING PROFITS BEFORE PATIENTS:
PROVIDER PERSPECTIVES ON HEALTH INSURANCE BARRIERS THAT HARM PATIENTS

Findings of a National Survey of Primary Care Physicians Conducted for the Alliance for the Adoption of Innovations in Medicine (AIMed Alliance)

OCTOBER 2018

2017 AMA Prior Authorization Physician Survey

PATIENT IMPACT

Average wait time for PA responses
Q: In the last week, how long on average did you and your staff need to wait for a prior authorization (PA) decision from the Health plan?

<table>
<thead>
<tr>
<th>Wait Time</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 hour</td>
<td>6%</td>
</tr>
<tr>
<td>1-3 business days</td>
<td>16%</td>
</tr>
<tr>
<td>3-5 business days</td>
<td>18%</td>
</tr>
<tr>
<td>More than 5 business days</td>
<td>12%</td>
</tr>
<tr>
<td>More than 10 business days</td>
<td>10%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>9%</td>
</tr>
</tbody>
</table>

Care delays associated with PA
Q: For those patients whose treatment requires PA, how often does this process delay access to necessary care?

<table>
<thead>
<tr>
<th>Delay Duration</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>38%</td>
</tr>
<tr>
<td>Often</td>
<td>38%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>15%</td>
</tr>
<tr>
<td>Rarely</td>
<td>6%</td>
</tr>
<tr>
<td>Never</td>
<td>1%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1%</td>
</tr>
</tbody>
</table>
DOCTOR SHORTAGE

Shortage of 42,600 to 121,300 physicians by 2030 (AAMC)

New Research Shows Increasing Physician Shortages in Both Primary and Specialty Care

The United States could see a shortage of up to 120,000 physicians by 2030, impacting patient care across the nation, according to new data published today by the AAMC (Association of American Medical Colleges). The report, The Complexities of Physician Supply and Demand: Projections from 2016-2030, updates and aligns with estimates conducted in 2015, 2016, and 2017, and shows a projected shortage of between 42,600 and 121,300 physicians by the end of the next decade.
2030 SHORTAGE ESTIMATES

Primary care
- Family medicine, general internal medicine, general pediatrics, and geriatric medicine
- Shortage of 14,800 to 49,300 doctors

Other specialties
- Anesthesiology, emergency medicine, neurology, pathology, physical medicine and rehabilitation, psychiatry, radiology, and all other specialties
- Shortage of 20,300 to 36,800 doctors

Surgical specialties
- General surgery, colorectal surgery, neurological surgery, obstetrics and gynecology, ophthalmology, orthopedic surgery, otolaryngology, plastic surgery, thoracic surgery, urology, vascular surgery, and other surgical specialties
- Shortage of 20,700 to 30,500 doctors

Medical specialties
- Allergy and immunology, cardiology, critical care, dermatology, endocrinology, gastroenterology, hematology and oncology, infectious diseases, neonatal and perinatal medicine, nephrology, pulmonology, and rheumatology
- Shortage of up to 9,600 doctors

Source: AAMC
MORE DOCTOR SHORTAGE INFORMATION

Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
- Primary care;
- Dental health; or
- Mental health

These shortages may be geographic, population-, or facility-based:

- Geographic Area
  - A shortage of providers for the entire population within a defined geographic area.
- Population Groups
  - A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups).
- Facilities
  - Other Facility (OFAC)—public or non-profit private medical facilities serving a population or geographic area designated as a HPSA with a shortage of health providers.
SHORTAGE CONSIDERATIONS

- Number of new doctors is not keeping pace (AAMC)
  - Population growth: 11% by 2030
  - More older Americans: 50% increase in Americans 65+
- One-third of all active doctors will be 65+ in the next 10 years (AAMC)
- 48% of doctors are considering getting out of medicine (Aimed Alliance)
- 67% would not recommend a career in medicine to aspiring medical professionals (Aimed Alliance)
89% of primary care doctors say they no longer have adequate influence in making health decisions

87% say health plans interfere with their ability to prescribe individualized treatments

92% say staff employed by insurance companies are not competent to make treatment decisions

Source: Aimed Alliance
90% denounce step therapy, sometimes referred to as “fail first” (Aimed Alliance)
89% are concerned by the use of algorithm-based programs (Aimed Alliance)
84% of providers report that the burden that prior authorization places on them is “high or extremely high” (AMA)
51% of providers report that the burden associated with prior authorization has “increased significantly” over the past 5 years (AMA)
What Doctors Are Saying

“90% of the time [getting a treatment covered] requires a pre-authorization, and 60% of the time those [requests] are denied.”
90% of physicians have less time for patient care due to health plan administrative requirements (Aimed Alliance)

77% had to hire extra staff to handle the paperwork submitted to insurance companies (Aimed Alliance)

Average of 29 prior authorization requests per week (AMA)

Staff spends an average of 14.6 hours each week on prior authorization requests (AMA)
Please think for a second about what you feel when you encounter health insurance coverage issues. Which of the following words describe what you feel when insurance coverage issues occur? Please choose all that apply.

Volunteered Responses:
- Annoying
- Big Brother controls my life
- Burnout
- Confused
- Corrupt
- Despair
- Disappointment
- Disbelief
- Helpless
- Money
- Obligation (to patients)
- Overwhelming
- Powerless
- Time wasting
- Used
ADDITIONAL INFORMATION ON PHYSICIAN BURNOUT

NATIONAL PHYSICIAN BURNOUT & DEPRESSION

REPORT 2018
92% of providers report that prior authorization delays access to care (AMA)

64% report waiting at least one day for an insurer to approve or deny a prior authorization request; 30% report waiting at least three days (AMA)

87% worry that their patients’ conditions could worsen due to delays caused by prior authorization (Aimed Alliance)
79% of providers say insurance companies have a negative effect on care (Aimed Alliance)

91% of doctors point to specific insurance practices – nonmedical switching and prior authorization – as harmful for patients (Aimed Alliance)

61% say prior authorization leads to “significant negative impact” on patient outcomes (AMA)

57% say prior authorization leads to patients abandoning their treatment (AMA)
What Doctors Are Saying

“Big insurance companies have eroded trust in doctors.”
Doctors say many patients believe that they conspire with insurance companies to delay or deny their care.

Physicians want patients to know that they are on the same side as patients and are sometimes powerless to help them.

Powerless?
- Physician-patient relationship
- Informed consent
“The relationship between a patient and a physician is based on trust, which gives rise to physicians’ ethical responsibility to place patients’ welfare above the physician’s own self-interest or obligations to others, to use sound medical judgment on patients’ behalf, and to advocate for their patients’ welfare.”

INFORMED CONSENT

It is generally accepted that informed consent includes a discussion of the following elements:

- The nature of the proposed intervention
- Reasonable alternatives to the proposed intervention
- The relevant risks, benefits, and uncertainties related to each option
- Assessment of patient understanding
- The acceptance of the intervention by the patient

RECOMMENDATIONS (1/2)

- Training more physicians (AAMC)
- Interprofessional care (AAMC)
- Innovative care delivery and payment models (AAMC)
- Integrating technology and research into patient care (AAMC)
RECOMMENDATIONS (2/2)

- Providers want insurers to reduce or eliminate prior authorization requirements and to lower out-of-pocket costs for patients (Aimed Alliance)
- State insurance reforms that foster access to individualized treatment (Aimed Alliance & CUSP)
- State AGs and insurance commissioners enforce current laws
- State laws to streamline benefit utilization management (Aimed Alliance)
  - Uniform prior authorization forms
  - Easier appeals and exemption processes
- State medical boards reinforce that the physician-patient relationship and informed consent come before insurer and employer profits (CUSP)
ADDITIONAL INFORMATION FOR PATIENTS & PROVIDERS

KNOW YOUR RIGHTS

There are things you can do if your health plan won’t pay for your medical treatment or delays your care.

Health insurance companies can take a number of steps to control their costs. This can mean your health plan won’t cover certain treatments prescribed by your health care provider if the plan requires you to take a number of steps before your treatment is approved.

The good news is there are state and federal laws in place that may protect you from these practices.

www.CoverageRights.org
SUMMARY

- Shortage of 42,600 to 121,300 physicians by 2030 (AAMC)
- 48% of doctors are considering getting out of medicine (Aimed Alliance)
- 67% would not recommend a career in medicine to aspiring medical professionals (Aimed Alliance)
- 89% of primary care doctors say they no longer have adequate influence in making health decisions (Aimed Alliance)
- 79% of providers say insurance companies have a negative effect on care (Aimed Alliance)
- State legislators play an important role in improving health care and averting doctor shortages
CONCLUSION

Special thanks
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★ Mary Heitman
★ Nellie Wild

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Questions & Discussion
QUESTIONS FOR DISCUSSION

- What has changed in the past 5 years that has increased prior authorization burdens for providers?
- Is prior authorization limiting the number of patients that a provider or practice can treat?
- Do patients have any recourse if their health outcome is negatively impacted by a prior authorization requirement?
- Since many providers have dedicated staff to handle prior authorizations, is this practice increasing the cost of care in the U.S.?