

DOCTORS IN DISTRESS

AVOIDING HEALTH CARE PROVIDER SHORTAGES

National Foundation for Women Legislators Annual Conference
Washington, DC
November 14, 2018

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MISSIONS

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

PRIMARY SOURCES

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

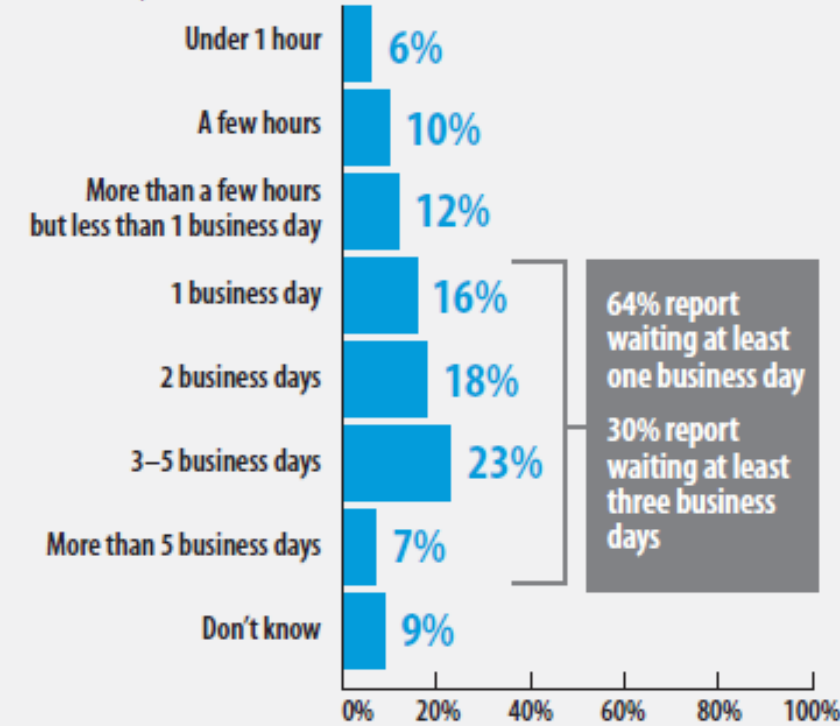


2017 AMA Prior Authorization Physician Survey

PATIENT IMPACT

Average wait time for PA responses

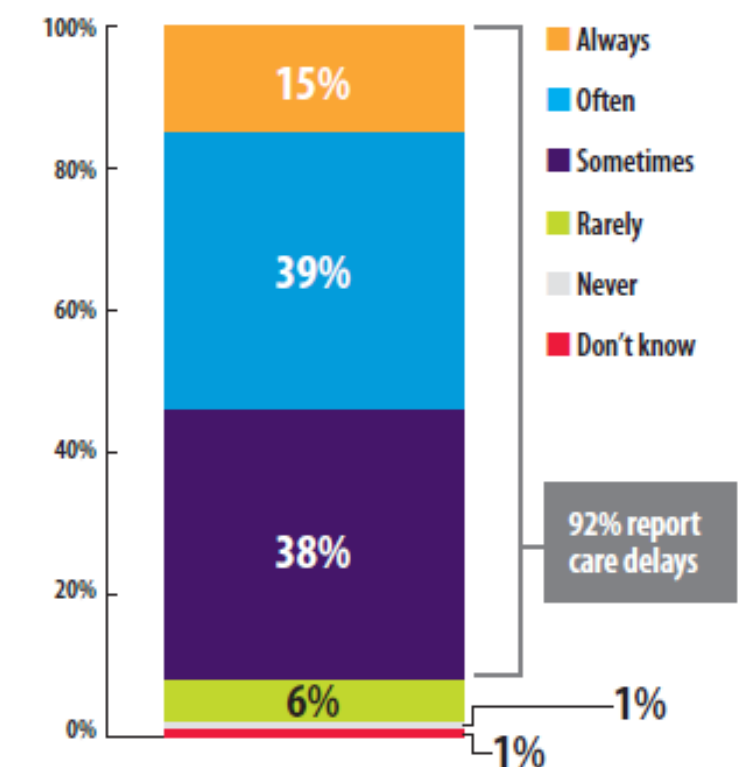
Q: In the last week, how long on average did you and your staff need to wait for a **prior authorization (PA)** decision from health plans?



Total does not equal 100% due to rounding.

Care delays associated with PA

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



DOCTOR SHORTAGE

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

Wednesday, April 11, 2018

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

MORE DOCTOR SHORTAGE INFORMATION



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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

Contact Us

Shortage designation questions?
[Email us](#)✉, or call 301-594-5168

Shortage Designation
Modernization Project questions?
[Email us](#)✉

Additional Contacts

[State Primary Care Offices](#)
[Centers for Medicare and Medicaid Services \(CMS\)](#)

Resources & Tools

[HRSA Data Warehouse](#)
[HPSA Find](#) / [MUA/P Find](#)

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)

PROFESSIONAL JUDGMENT

- ★ 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

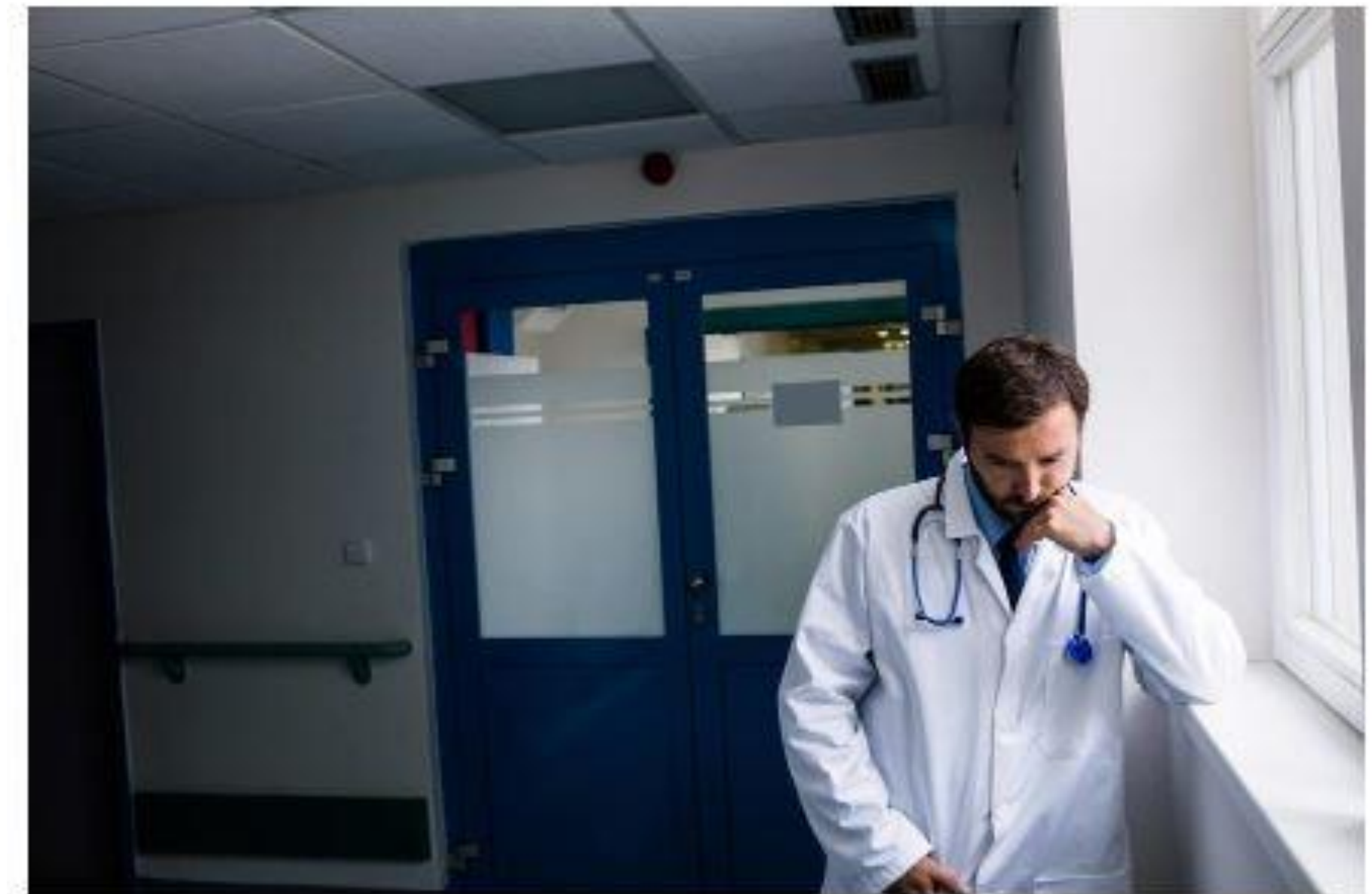
FierceHealthcare

HOSPITALS & HEALTH SYSTEMS TECH PAYER FINANCE PRACTICES REGULATORY

Practices

Who's calling the shots? Doctors worry about insurers overriding their treatment decisions

by Joanne Finnegan | Oct 30, 2018 3:27pm



Doctors' frustration is growing over insurers' hand in treatment decisions. (Getty/Wavebreakmedia)

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A new survey of doctors found that health plans are increasingly overriding the treatment decisions they make for their patients.

The **survey** (PDF) of 600 doctors found that 89% said they no longer have adequate influence in the healthcare decisions for their patients. And 87% reported that health insurers interfere with their ability to prescribe individualized treatments.

FRUSTRATING PRACTICES

- ★ 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

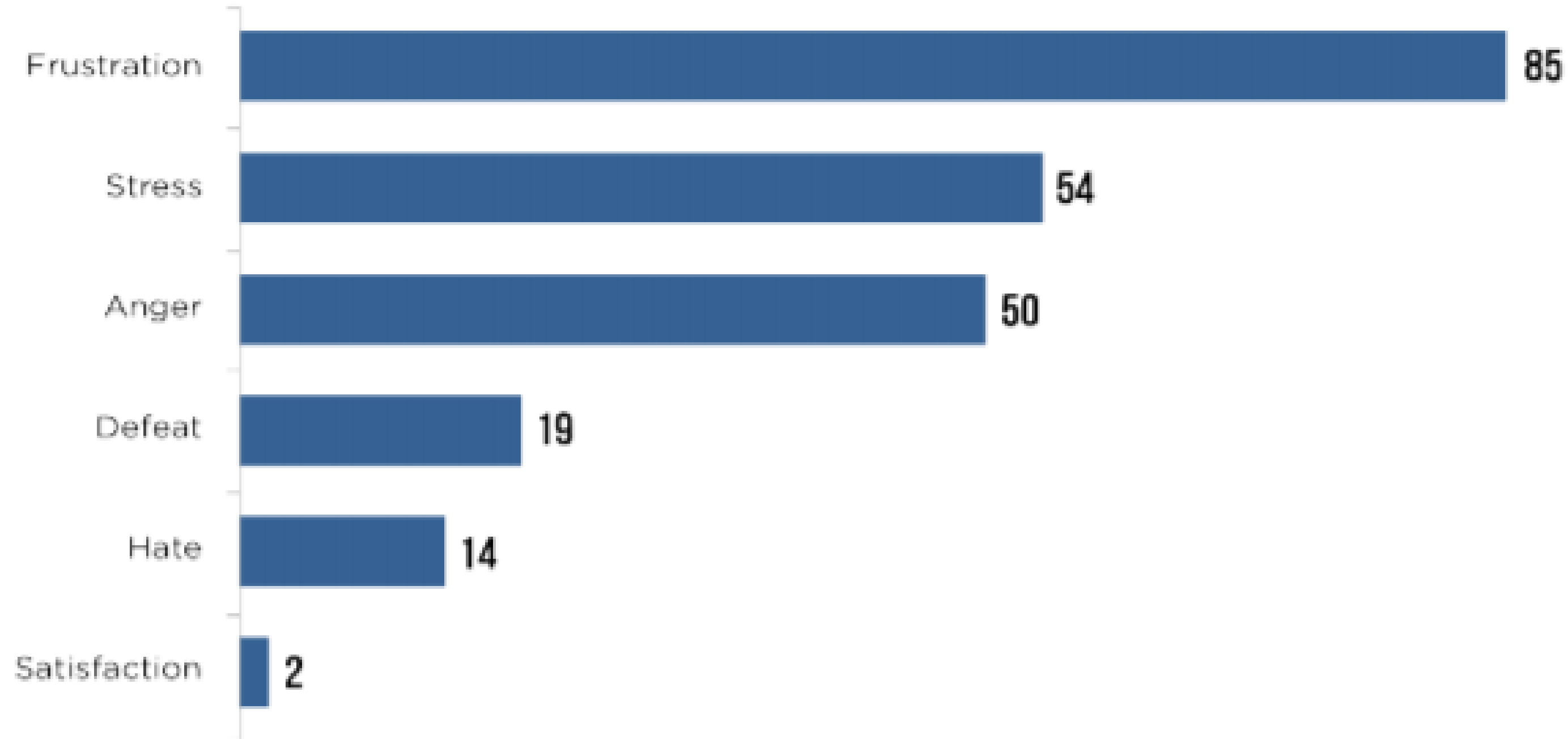
“90% of the time [getting a treatment covered] requires a pre-authorization, and 60% of the time those [requests] are denied.”

ADMINISTRATIVE BURDEN

- ★ 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)

EMOTIONAL TOLL

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



TREATMENT DELAYS

- ★ 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)

IMPACT ON PATIENTS

- ★ 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.”

TRUST AND ETHICS

- ★ 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

PHYSICIAN-PATIENT RELATIONSHIP

“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.”

American Medical Association, AMA Code of Medical Ethics Opinions on Patient-Physician Relationships, <https://www.ama-assn.org/sites/default/files/media-browser/code-of-medical-ethics-chapter-1.pdf> (last visited Nov. 9, 2018).

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

Jessica De Bord, DDS, MSD, MA, Ethics in Medicine, Informed Consent (2014),
<http://depts.washington.edu/bioethx/topics/consent.html> (last visited Nov. 9, 2018).

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.

www.CoverageRights.org

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 or 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.



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

- ★ Jody Thomas
- ★ Mary Heitman
- ★ Nellie Wild

Contact

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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.?