

A young male patient with hip pain and a history of 2 upper GI bleeds in the past 2 years needs a PA for Celebrex

A young patient planning to compete in the NCAA championships developed unilateral hip pain and needs an MRI to evaluate a femoral neck stress fracture.



« Support, Flexibility... | Main | Singing the Praises ... »

Monday Jul 18, 2016

Prior Authorization Call Shows Inefficiency, Absurdity of Process

A few weeks ago my nurse recorded me making a prior-authorization (PA) phone call for a CT scan I ordered for a patient with a suspicious atraumatic skull mass. I thought, perhaps, the video would show my Facebook followers one of the many hassles of operating within our health care system.

The phone call was fairly typical of interactions with insurance companies -- boring, laborious and nonconclusive. It lasted about 21 minutes. I tried to watch the video right after filming, but I quit after five minutes because I couldn't suffer through the monotonous trauma again so soon.

A few days later, I braved watching it. I made a few edits, including adding a few snarky subtitles, before sharing it. I posted the video to my practice's Facebook page in the evening. Within a few hours, the post had several dozen likes and shares. Within a week, the video had been shared 299 times and viewed by nearly 20,000 people. A few other physicians with large social media followings also posted my video. The upshot: This video, mostly of me waiting on hold, has now been viewed nearly 100,000 times on Facebook!



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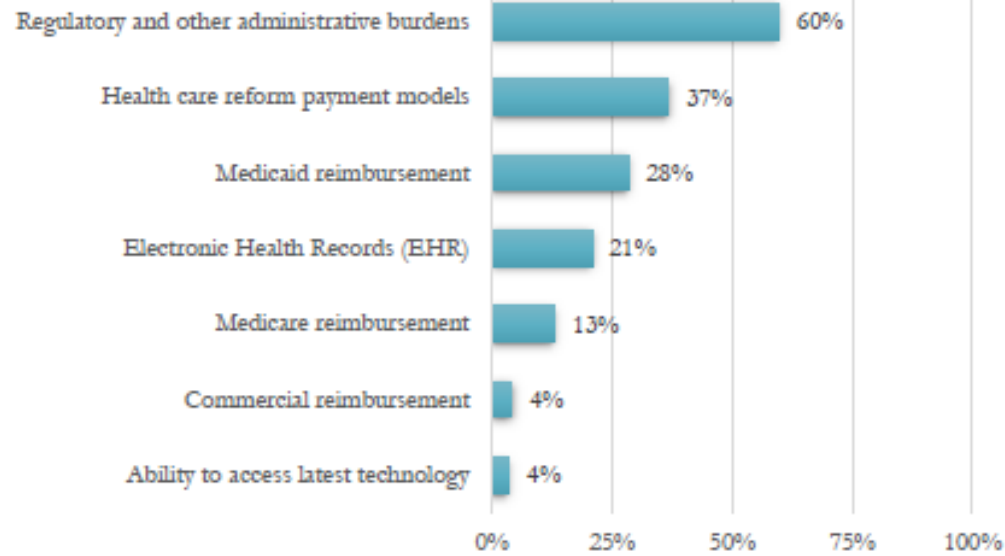
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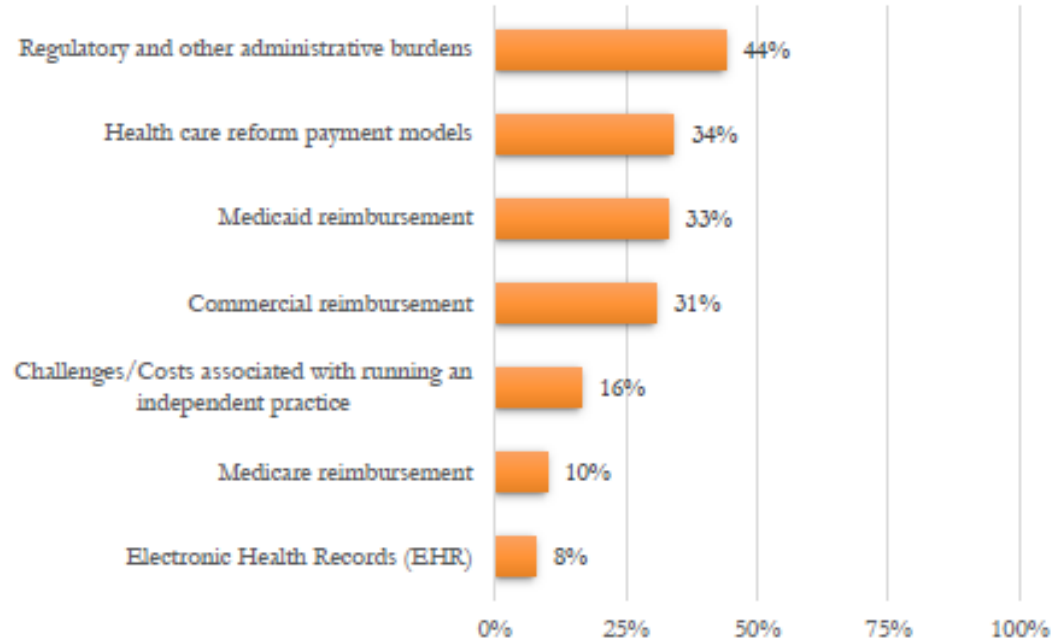
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https://www.aafp.org/news/blogs/freshperspectives/entry/prior_authorization_call_shows_inefficiency.html

Greatest Threats: Employed Clinicians



Greatest Threats: Independent Clinicians



Vermont Clinician Landscape Study Report

October 1, 2017

Green Mountain Care Board
89 Main Street
Montpelier, VT 05620

802-828-2177

<http://gmcboard.vermont.gov/>



Prior authorizations create significant barriers for family physicians to deliver timely and evidenced-based care to patients by delaying the start or continuation of necessary treatment.

The very manual, time-consuming processes used in prior authorization programs burden family physicians, **divert valuable resources away from direct patient care, and can inadvertently lead to negative patient outcomes.**

The AAFP believes family physicians using appropriate clinical knowledge, training, and experience should be able to prescribe and/or order without being subjected to prior authorizations.

American Medical Association

American Academy of Child and Adolescent Psychiatry

American Academy of Dermatology

American Academy of Family Physicians

American College of Cardiology

American College of Rheumatology

American Hospital Association

American Pharmacists Association

American Society of Clinical Oncology

Arthritis Foundation

Colorado Medical Society

Medical Group Management Association

Medical Society of the State of New York

Minnesota Medical Association

North Carolina Medical Society

Ohio State Medical Association

Washington State Medical Association

Prior Authorization and Utilization Management Reform Principles

Patient-centered care has emerged as a major common goal across the health care industry. By empowering patients to play an active role in their care and assume a pivotal role in developing an individualized treatment plan to meet their health care needs, this care model can increase patients' satisfaction with provided services and ultimately improve treatment quality and outcomes.

Yet despite these clear advantages to adopting patient-centered care, health care providers and patients often face significant obstacles in putting this concept into practice. Utilization management programs, such as prior authorization and step therapy, can create significant barriers for patients by delaying the start or continuation of necessary treatment and negatively affecting patient health outcomes. The very manual, time-consuming processes used in these programs burden providers (physician practices, pharmacies and hospitals) and divert valuable resources away from direct patient care. However, health plans and benefit managers contend that utilization management programs are employed to control costs and ensure appropriate treatment.

Recognizing the investment that the health insurance industry will continue to place in these programs, a multi-stakeholder group representing patients, physicians, hospitals and pharmacists (see organizations listed in left column) has developed the following principles on utilization management programs to reduce the negative impact they have on patients, providers and the health care system. **This group strongly urges health plans, benefit managers and any other party conducting utilization management (“utilization review entities”), as well as accreditation organizations, to apply the following principles to utilization management programs for both medical and pharmacy benefits.** We believe adherence to these principles will ensure that patients have timely access to treatment and reduce administrative costs to the health care system.

Principle #20:

Health plans should offer providers/practices at least one physician-driven, clinically based alternative to prior authorization, such as but not limited to “gold-card” or “preferred provider” programs or attestation of use of appropriate use criteria, clinical decision support systems or clinical pathways.

Primary Care Advisory Group
Recommendation to Eliminate Prior Authorizations in Vermont
Preamble
January 10, 2018

Section 10 of [Act 113](#) establishes the Primary Care Advisory Group (PCAG) to address and provide recommendations regarding administrative burdens facing primary care professionals, including: *creating opportunities to reduce requirements for primary care professionals to provide prior authorization (PA) for their patients to receive radiology, medication, and specialty services.*

Since the first PCAG meeting in September, 2016, the issue of PAs has been reviewed and discussed extensively, including regular discussions with third-party payers (BCBSVT, MVP). At the December 20, 2017 PCAG meeting, PCAG members expressed sincere gratitude for the contributions and willingness of BCBSVT and MVP to address the issue of PAs.

The PCAG recommendations regarding PAs that follow are based on the following points:

While the PCAG recognizes that there may be some outliers, the majority of PCPs (primary care physicians, nurse practitioners, and physician assistants) want to provide excellent evidence-based medical care, understand their individual patient's unique medical needs and are in the best position to order the appropriate test, medication or specialist referral for that patient. The PA process interferes with appropriate care, poses a significant administrative burden, and has a major negative impact on PCP career satisfaction and burnout.

"Broadly applied prior authorization programs impose significant administrative burdens on all health care

PCAG recommendations to the GMCB regarding PAs:

1. Eliminate PAs for Vermont PCPs.
 1. Insurers concerned about cost-containment could redeploy PA staff to educate certain PCPs and/ or patient groups about appropriate use.
2. PAs for medications prescribed by Vermont PCPs could be reconsidered and implemented only after the insurance and EMR industry creates a reliable system for updating all formulary changes in real-time for point-of-care access for EMRs used in Vermont.
3. Insurers should provide education to both patients and PCPs regarding appropriate use criteria for imaging, medications, step-therapy, and specialty referrals.
4. Insurers should communicate with “outlier” PCPs whose prescribing or ordering patterns differ significantly from their peers after adjusting for patient mix and other relevant factors.

From: Claire Ayer <CAyer@leg.state.vt.us>
Sent: Wednesday, May 10, 2017 3:21 PM
To: Peluso, W. Mark <wpeluso@middlebury.edu>
Cc: Chrissy Gilhuly <CGilhuly@leg.state.vt.us>
Subject: RE: GMCB PCAG and prior authorizations

Why don't we plan n having you here in January?

*Senator Claire Ayer
Addison County, Huntington, Buels Gore
Assistant Majority Leader
Chair, Senate Health and Welfare Committee*

802-322-5616, Statehouse
802-759-2748, Home

cayer@leg.state.vt.us

From: Peluso, W. Mark [<mailto:wpeluso@middlebury.edu>]
Sent: Wednesday, May 10, 2017 3:11 PM
To: Claire Ayer <CAyer@leg.state.vt.us>; Chrissy Gilhuly <CGilhuly@leg.state.vt.us>
Subject: RE: GMCB PCAG and prior authorizations

Hi Claire,

Thanks for trying. I never received a message. Hopefully, there will be an opportunity to discuss this further. I saw Brian Murphy's slide (BCBSVT) deck noting the \$21 million saved (ROI 45:1) by using prior authorizations. That is inaccurate because it fails to account for any indirect cost the prior authorization process has on a medical practice, delays in care, ER and hospitalizations due to delays

From: Brian Cina
To: [Peluso, W. Mark](mailto:wpeluso@middlebury.edu)
Subject: Re: H.342 Eliminate prior authorization requirements in health insurance plans
Date: Thursday, February 22, 2018 10:54:48 AM

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Thanks for the message. I am not sure that we are going to get to this bill, due to the efforts needed to protect us from the impact of federal changes.

---Brian

*Representative Brian Cina
Vermont State Representative
Burlington (Chittenden 6-4)
House Health Care Committee
(802) 448-2178*

From: Peluso, W. Mark <wpeluso@middlebury.edu>
Sent: Tuesday, February 20, 2018 3:34:57 PM
To: William Lippert
Cc: Anne Donahue; Tim Briglin; Annmarie Christensen; Annmarie Christensen; Brian Cina; Sarah CopelandHanzas; Betsy Dunn; Douglas Gage; Mike Hebert; Lori Houghton; Ben Jickling
Subject: H.342 Eliminate prior authorization requirements in health insurance plans

Dear Mr. Lippert and other members of the Vermont House Committee on Health Care,

H.342 is a bill that seeks to eliminate prior authorization requirements in health insurance plans for radiology and imaging services, prescription drugs, and referrals to specialists. This legislation has the unanimous support of the Primary Care Advisory Group (PCAG) of the Green Mountain Care Board – which was created by the Vermont Legislature to look at this issue. As a PCAG member, I can assure you that PCAG has thoroughly evaluated this issue and believes that **H.342** is in the best interest of Vermonters, especially our most vulnerable populations.

PCAG recently made the following **recommendations to the Green Mountain Care Board** regarding prior authorizations:

1. Eliminate prior authorizations for Vermont primary care providers.
2. Insurers concerned about cost-containment could redeploy prior authorizations staff to educate certain primary care providers and/ or patient groups about appropriate use.
3. Prior authorizations for medications prescribed by Vermont primary care providers could be

From: Bill Lippert
To: [Peluso, W. Mark](mailto:wpeluso@middlebury.edu)
Subject: Prior authorizations
Date: Tuesday, February 27, 2018 10:48:29 AM

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Greetings Dr. Peloso,

Thank you for sharing the recommendations from the GMCB's Primary Care Advisory Group regarding prior authorizations.

While our committee has not taken up a specific bill regarding this issue, we have had a great deal of testimony from primary care physicians about the increased administrative and paperwork burdens required of physicians.

I have asked the carriers and the GMCB to be prepared to discuss prior authorization issues, and to see how we might address this, including through statutory changes.

Thanks for contacting me.

Bill Lippert

September 4, 2018

Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction

A Systematic Review and Meta-analysis

Maria Panagioti, PhD¹; Keith Geraghty, PhD²; Judith Johnson, PhD³; [et al](#)

» [Author Affiliations](#)

JAMA Intern Med. Published online September 4, 2018. doi:10.1001/jamainternmed.2018.3713

Physician burnout is associated with suboptimal patient care and professional inefficiencies; health care organizations have a duty to jointly improve these core and complementary facets of their function.

STAT

Physicians aren't 'burning out.' They're suffering from moral injury

By Simon G. Talbot *and* Wendy Dean

July 26, 2018



Supporting troops of the 1st Australian Division form a silhouette as they pass towards the front line in Belgium during the first World War. *Frank Hurley/Hulton Archive/Getty Images*

Physicians on the front lines of health care today are sometimes described as going to battle. It's an apt metaphor. Physicians, like combat soldiers, often face a profound and unrecognized threat to their well-being: moral injury.

Physicians Experience Highest Suicide Rate of Any Profession

Pauline Anderson

May 07, 2018

NEW YORK — With one completed suicide every day, US physicians have the highest suicide rate of any profession. In addition, the number of physician suicides is more than twice that of the general population, new research shows.

A systematic literature review of physician suicide shows that the suicide rate among physicians is 28 to 40 per 100,000, more than double that in the general population.

Physicians who die by suicide often suffer from untreated or undertreated depression or other mental illnesses, a fact that underscores the need for early intervention, study investigator Deepika Tanwar, MD, Psychiatric Program, Harlem Hospital Center, New York City, told *Medscape Medical News*.

"It's very surprising" that the suicide rate among physicians is higher than among those in the military, which is considered a very stressful occupation, Tanwar told *Medscape Medical News*.

The findings were presented here at the American Psychiatric Association (APA) 2018 annual meeting.

Vermont's Lack Of Primary Care Doctors Could Threaten Health Care Reform Efforts

By BOB KINZEL • AUG 15, 2017

PROGRAM
VPR News



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Vermont's shortage of primary care doctors will soon get worse because a number of them will retire in the next few years.

SHIRONOSOV / ISTOCK



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3:15

Many states across the country have a need to attract more primary care physicians, but Vermont's situation has an additional twist - a sizeable number of the state's primary care doctors are expected to retire in the next few years.

Howard Center presents
THE MARNA AND
STEPHEN WISE TULIN

**FALL
COMMUNITY
EDUCATION
SERIES**

**A TALK
WITH SUE
KLEBOLD**

Author of
*A Mother's
Reckoning.*

September 26

<http://digital.vpr.net/post/vermonts-lack-primary-care-doctors-could-threaten-health-care-reform-efforts#stream/0>

LIFE & CAREER

At Stanford, physician burnout costs at least \$7.75 million a year

NOV 17, 2017



Sara Berg
Senior Staff Writer
AMA Wire
[@SaraTheIceBerg](#)



If nothing were done to address burnout almost 60 physicians would leave Stanford within two years.

The cost of recruitment for each physician—depending on the specialty and rank of faculty—would range from more than \$250,000 to almost \$1 million.

And, for those 58 physicians, Stanford's economic loss over two years would range from a minimum of \$15.5 million to a maximum of \$55.5 million.

100% of prior authorizations
are approved for many PCPs

