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.
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!

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.
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.
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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 Cole
Worcester State Representative
Washington Office 5A-6
House Health Care Committee
(617) 498-3150

From: Peluso, W. Mark <wpeluso@middlebury.edu>
Sent: Tuesday, February 20, 2018 9:58:57 PM
To: William Lippert
Cc: Anne Donahue; Tim English; Annmarie Christopherson; Annmarie Christopherson; Brian Cole; Sarah Copeland-Hindle; Beth Dunn; Douglas Gage; Mike Herbert; Low Knaughton; Don Schilling
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 reclassify prior authorizations as educational rather than preauthorizations, and/or patient groups could agree on appropriate use.
3. Prior authorizations for medications prescribed by Vermont primary care providers could be

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Greetings Dr. Peluso.

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

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

By BOB KINZEL  •  AUG 15, 2017

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.
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