

ACP Urges Against Repeal of Health Reform

BY ALICIA AULT

FROM AN AMERICAN COLLEGE OF PHYSICIANS TELECONFERENCE

WASHINGTON – The American College of Physicians came out strongly against any repeal of the Affordable Care Act, and instead is calling on the White House and Congress to come to an agreement on how to tinker with the bill so that it still meets its objectives of covering more Americans, improving access, and reducing the cost of care.

At the ACP's annual State of the Nation's Health Care briefing, President J. Fred Ralston Jr. said that "a highly partisan and polarized debate over health care reform legislation regrettably has taken the country's 'eye off the ball' " of achieving the Affordable Care Act's (ACA's) multiple goals, including "ensuring a sufficient supply of primary care physicians and other specialties facing shortages."

Dr. Ralston said that the stage is being set for a self-defeating debate that will only lead to a worsening of the nation's health care problems.

"Instead of turning away from the ACA's promise of ensuring access to affordable health insurance to nearly all Americans, the ACP believes that Congress should seek bipartisan common ground on making improvements to it, including giving states more freedom earlier to implement the coverage expansions in a way that best meets their own needs," he said.

Bob Doherty, the ACP's senior vice president for governmental affairs and public policy, was more blunt about the unfolding political landscape, with Republicans bent on repeal and Democrats intent on preserving every bit of the law intact. Neither side will win, said Mr. Doherty.

"The law won't go away, as most Republicans hope, but restrictions on funding and enforcement could undermine its effectiveness, as many Democrats fear."

He said it was ironic that Republicans might seek to strip funding from such programs as incentives for establishing electronic medical records, comparative effectiveness, and higher Medicare and Medicaid payments for physicians. Most of these very programs have been championed by Republicans in the past, said Mr. Doherty.

"We know that bipartisan solutions remain possible, if we can move beyond arguing about repeal, to seeking common ground to build and improve upon the Affordable Care Act," he said.

The ACP, in its State of the Nation's Health Care report, urged the White House and Congress to give states more options to cover their residents, and to do it

sooner than called for under the ACA. The physicians' group is supporting the bipartisan Empowering States to Innovate Act, a bill cosponsored by Sen. Ron Wyden (D-Ore.) and Sen. Scott Brown (R-Mass.).

The White House and Congress should also find a mutually acceptable replacement for Medicare's Sustainable Growth Rate (SGR), said Mr. Doherty. Instead of eliminating comparative effectiveness programs, Congress should embrace them as a means of reducing health care costs.

Medical liability reform is another area that is ripe for bipartisan solutions, said Mr. Doherty. President Obama supported reform in his State of the Union address and seems open to suggestions, he said.

The ACP is backing a bill that would cap noneconomic damages, even though it has little chance of making its way

through Congress, Mr. Doherty said. And, the group would like to see pilots of so-called health courts, which would create a no-fault system with specially trained judges.

A key element of the ACP's wish list for the White House and Congress: a national conversation on "how to conserve and share health care resources effectively, efficiently, judiciously, and fairly, based on the evidence of their clinical effectiveness and value, and in accord with distinctive American values, including individualism," said Mr. Doherty.

That position is more thoroughly fleshed out in a white paper released by the ACP at the briefing, "How Can Our Nation Conserve and Distribute Health Care Resources Effectively and Efficiently?"

Dr. Ralston said that the ACP believes that "this is the first time a major physician membership society has called for a national consensus on conserving and allocating health care resources and proposed a framework on how to make such decisions."

But, he added, "to be clear, the ACP is not proposing that care be rationed."

The idea is that physicians should have access to the best possible evidence on diagnostics and treatments, and that they should be able to share that with patients and make informed decisions about how to proceed.

The United States already limits access to services just by virtue of the fact that people do not have insurance or because insurance companies limit benefits or re-



Dr. J. Fred Ralston, Jr.: ACP has called for a national consensus on conserving and allocating health resources.

quire cost sharing, said Dr. Ralston. Other factors that impact access are socioeconomic, racial, and ethnic characteristics of patients, and the availability of physicians and facilities, said Dr. Ralston.

He said that Americans have to address the reality that spending is increasing at an unaffordable pace, and decide how best to allocate limited resources.

"We know it won't be easy," said Dr. Ralston. "We offer our paper, though, in the fervent hope that it will lead to a non-partisan dialogue on how best to ensure that spending on health care is sustainable and doesn't bankrupt our country." ■

To read "How Can Our Nation Conserve and Distribute Health Care Resources Effectively and Efficiently?" go to www.acponline.org/advocacy/where_we_stand/policy/health_care_resources.pdf.

Physicians Frustrated With Preauthorization, Survey Shows

BY SCOTT STEINKE

More than two-thirds of physicians reported that they have had to wait several days for insurers to conduct prior authorization reviews for tests, procedures, and prescription drugs, and about the same proportion said they have had difficulty tracking which of these therapeutics are subject to review requirements, according to a national survey of physicians released by the American Medical Association.

Although physicians are frequently said to be frustrated by

insurers' review requirements, this is the AMA's first national survey to measure physicians' experiences. Nearly all physicians would like to eliminate impediments caused by preauthorization requirements, with 78% saying it is "very important" and an additional 17% saying it is "important" for insurers to eliminate preauthorization hassles.

Part of the survey dealt specifically with prior authorization for prescription drugs, a common tool used to control utilization of high-cost drugs,

especially when lower-cost alternatives are available.

Among the findings:

Physicians spend on average about 20 hours a week dealing with preauthorizations. Three-quarters of those surveyed said they want the process to be automated.

► More than half (58%) of physicians experienced difficulty with obtaining approval from insurers on a quarter or more of

preauthorization requests.

► In all, 57% experienced a 20% rejection rate on first-time preauthorization requests.

► Just under 40% reported appealing 80% or more of insurer rejections on first-time preauthorization requests.

The survey results showed that prior authorization "negatively impacts patient care," according to the AMA.

"Intrusive managed care oversight programs that substitute corporate policy for physicians' clinical judgment can delay pa-

tient access to medically necessary care," Dr. J. James Rohack, AMA immediate past president, said in a statement.

Physicians spend about 20 hr/wk, on average, dealing just with preauthorizations, according to the survey. Many physicians surveyed (75%) expressed a desire for plans to implement an automated preauthorization process to help them manage patient care more efficiently. ■

Scott Steinke is with "The Pink Sheet." This newspaper and "The Pink Sheet" are published by Elsevier.