Written testimony regarding prior authorizations.

From: Katie Marvin MD, family doctor in Lamoille County.

I have been practicing family medicine in rural Vermont for 20 years, and I have always been proud of the vast scope of our specialty. In primary care we provide preventative care, and also take care of most chronic conditions and acute needs. A provider in family medicine gets to know our patients well, as we often live in the communities where we work, so are a trusted voice and an accessible resource for almost any physical or emotional concern. At the very least, primary care is the best place to start care for almost anything, and it has been proven over and over that primary care is the most efficient and affordable way to take care of people.

The administrative burden of prior authorizations is a major impediment to successful, affordable and rewarding primary care, and it negatively affects primary care on a daily basis. PAs undermine high-level care we are working so hard to offer. PAs waste time in already understaffed clinics. PAs delay important, potentially lifesaving studies. PAs prevent me from working at the top of my license. Finally, PAs unnecessarily create the potential for mistrust of already taxed primary care providers.

Two examples, one regarding medications, and one regarding cat scans.

With regards to prior authorizations for medications, one issue is a <u>constantly moving goalpost</u>. For example, in my office I take care of many patients with asthma or emphysema. There is a clear algorithm for this care, regardless of specialty. If you are a family doctor or a pulmonologist, as soon as a patient needs albuterol more than a few times per week, we recommend an inhaled corticosteroid (ICS). I always take cost into consideration and have many patients on generic fluticasone as their ICS. It is affordable and effective. However, just this month patients are calling me, telling me they cannot get their fluticasone due to an insurance issue. I have to take the time with each of these cases, look at the preferred medication list that I am allowed to pick from, and send a different prescription for a different medication for the patient. Moving goalposts delay care, cause illness exacerbations, and are unpredictable. This is not built for success, and the apathy we get from these experiences burns out providers. I do not mind working long or hard hours, but when I feel like I am fighting a system just to help my patients get the simple medications they have been taking for years, it makes me want to walk away completely.

With regards to cat scans and other advanced imaging tests, prior authorizations again delay care, increase patient expense, and cause burnout and apathy among providers like me. There are situations where a patient might need same-day imaging, for example to rule out appendicitis or a bleed in your brain. Patients present to primary care all the time with headaches and stomach aches, and these more serious conditions are often considered in our differential diagnosis. If your child had right lower quadrant abdominal pain, or if you had the worst headache of your life, I would think about and work to rule out these serious conditions. With a good history and physical, many of these patients are found NOT to need imaging, the differential diagnosis can be narrowed. But sometimes we still need the imaging, and right away. Some patients need a cat scan same-day.

I have given up trying to order same-day advanced imaging. The process is too cumbersome to arrange a prior authorization, which might require a peer-to-peer conversation or more paperwork, during my busy day. If I risk ordering a study to be done that day, due to the prior authorization requirements of our insurance companies, I risk a delay in care. I have resorted to sending anyone who needs same-day imaging to the ER because I know that medically the care should not be delayed. I do not send them for a consult, or because I am unsure of the workup or medicine. I literally send them for a study I cannot order.

By seeing a patient in my clinic, determining the need for advanced imaging, and then sending them to the ER, I know and accept that I have taken up unnecessary resources. I know that the patient will get another bill for emergency room services. I know that they will likely repeat the questioning, labs and other studies I have done. I know it might look like I do not know how to take care of patients. I know this will take up time and money. But, for those cases where I want imaging SAME day, I feel that I have no choice but to send them to the ER, despite the costs to their wallet or my ego.

Patients then start to lose faith in primary care. "well, she just sent me to the ER last time.... I'll just go there first." And our triage teams know that if they hear a complaint from a patient about right lower quadrant pain or a severe headache, they just send the patient to the ER. Again, most of these do not need a scan, and with a good history and physical, we would usually triage them and only feel it necessary to scan a handful, but some do.

There may be concern that removing prior authorizations from primary care would lead to high levels of unnecessary testing. It will not. We know our patients well, and order

fewer tests than our specialty peers. When I see patients with chronic conditions, I know their baseline and feel comfortable NOT ordering tests that might be ordered by a provider who does not know the patient as well. I also feel comfortable starting with plan A, recommending conservative measures, and making a plan to see a patient back in my office to talk about next steps. This long-term relationship is how family medicine keeps costs lower. However, when I know I need a test same-day where a PA will delay care, I have found ways (more expensive ways) to get that test done in a timely way. Either way, the test will get done, the PA just makes the process slower and more expensive.

Removing the limitations of prior authorizations is important to me, because it enables the provider who knows the patient best to practice medicine as they were taught, and to order the study or medication the patient needs in a timely manner.

Thank you.

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