Henry A Punzi, MD, FCP, FASH

Trinity Hypertension & Metabolic Research Institute

Punzi Medical Center

1932 Walnut Plaza

Carrollton, Texas 75006

July 19, 2023

U.S. House of Representatives

Committee on Small Business

Honorable Beth Van Duyne, Chair

Subcommittee on Oversight, Investigations, and Regulation

Hearing on:

*"Burdensome Red Tape: Overregulation in Health Care and the Impact on Small Businesses."*

I am pleased to offer this written testimony to the U.S. House of Representatives 's Subcommittee on Oversight, Investigations and Regulations: *"Burdensome Red Tape: Overregulation in Health Care and the Impact on Small Businesses."* I commend this Subcommittee for tackling this timely issue.

Definitions:

Small Businesses: Businesses that have a limited number of employees, typically fewer than 500, and operate independently of larger corporations. Small businesses are typically privately owned and operated and have a single owner or a small group of owners.

Prior authorization: It is a management process used by insurance companies to determine if a prescribed product or service will be covered. This means if the product or service will be paid in full or part. This process involves many people-primarily patients, health care professionals and the patients' health insurance companies.

Customer: a person who purchases goods and services.

Patient: a person receiving or registered to receive medical treatment

I am here to discuss the burdensome prior authorizations that impact my small practice and know that there is much to be done at the federal level to provide regulatory relief.

I am a solo practitioner with 4 full-time and one part-time employee. My practice falls under the definition of a small business. I also perform other non-medical tasks which help with run my office such as administrative and payroll duties, purchasing of office and medical supplies and CMS compliance officer. These task takes time away from patient care and the addition of the current healthcare quality improvement infrastructure adds an unnecessary layer of burden to offices such as mine.

In 1965 Congress passed legislation establishing the Medicare and Medicaid programs. Under these programs, Americans 65 and older were qualified to receive hospital insurance (Part A) and voluntary supplemental insurance (part B). In anticipation of the need to assess and direct the care for Medicare patients, Congress established a set of conditions entitled: Conditions of Participation "which required the hospital to implement several elements, such as Staff credentialing, 24-hour nursing, and utilization review. This has snowballed to encompass all medical providers as of 2023.

Patient-Physician conversations are complex, multidimensional, and multifunctional. A study by Tai-Seale (1999-2000) revealed the median visit length of 392 routine office visits was 15.7 minutes covering a median of 6 topics. About 5 minutes were spent on the longest topic whereas the remaining topics each received 1.1 minutes. I personally allot 30-45 minutes per patient in my practice because we have the added burden that for many of my patients, English is their second language. In 2022, 83.4% of adults had a visit with a doctor or other health care professional. This led to 1 billion visits with 320.7 visits per 100 persons and 50.3% of these visits were made to primary care physicians. The average primary care physician in the United States sees between twenty and thirty patients per day, according to a study published in the Annals of Family Medicine. The study, which surveyed over two thousand primary care physicians, found that the number of patients seen per day varied widely depending on the type of practice, with solo practitioners seeing an average of nineteen patients per day and physicians in group practices seeing an average of twenty-six patients per day. In a recent study, physicians were asked about the time they spent with their patients. According to the results, most physicians said that they felt their time with patients was limited. In 2018, most physicians saw 11-20 patients per day. Some reports have estimated that for every hour of direct patient contact, physicians spend an additional 2 hours working on reporting and desk work.

During a typical 11.4-hour workday, primary care doctors spend 5.5 hours on electronic health records (EHR) tasks while in the office and an additional 1.4 hours outside of clinic hours, in the early morning or after 6:00pm, including 51 minutes on the weekend.

This results in physicians spending an additional 2 hours on EHR and desk work for every hour of direct clinical face time with patients.

If we use the current data and I see 15-20 patients daily and use an average of 15.7 minutes, this adds up to between 12 and 16 hours per day of patient care.

When I prescribe a medication for my patient and the pharmacy must send a request to the insurance company and when they deny its use to their "customer". This starts the arduous process of "prior Authorization" (PA). An average practice completes 45 PA's per week taking almost 2 business days (14 hours each week) completing the PA's. I do not have this luxury in my practice but 35% of physicians surveyed have staff who work exclusively on PA's. A 2023 AMA survey demonstrated that 94% of doctors say prior authorization leads to delays in patient care. One in three doctors (33%) say prior authorization has led to serious adverse events with their patients. A majority of doctors (62%) said prior authorization has led to additional office visits, with 64% saying prior authorization has resulted in patients needing immediate care including emergency department visits.

As of March 2023, there were 65,748,297 people enrolled in Medicare of which more than 30,400,000 (49%) are enrolled in Medicare Advantage Plans. In Texas 50% of Medicare eligible patients are in a Medicare Advantage Plan.

Eighty four percent of practices surveyed by MGMA report having to reauthorize existing Medicare-covered services for those Medicare beneficiaries who had switched plans. Sixty percent of practices report that there are at least three different employees involved in completing a single PA. Ninety seven percent of medical groups report that their patients experienced delays or denials for medically necessary care (e.g., prescription medicine, diagnostic tests, or medical services) due to prior authorization requirements.

Conclusion:

The authority to prescribe the correct medications has been taken away from the physician. Health plans continue to inappropriately impose bureaucratic prior authorization policies that conflict with evidence-based clinical practices, wasting vital resources, jeopardize quality care and harm patients. 4 in 5 doctors (80%) said patients gave up on treatment because of problems getting authorization from insurers. A solid majority of doctors (58%) said prior authorization hurt the job performance of their patients. My predominantly Hispanic population with English as a second language cannot advocate for themselves. I must and will advocate for the patients beyond the exam room. With 80% of prior authorizations ultimately approved it raises serious concerns that insures are reducing their cost at the expense of the patients by relying on the ability of time-consuming prior authorization to deter prescribing. We need to eliminate as much of the RED TAPE as possible and spend our time and attention focused on the overall well-being of the patient encompassing mental health issues that could be identified with more time spent with the patient. Spending time with our patients and improving their outcomes would lower overall health care costs.

Bibliography:

Dugdale DC. Epstein R, Pantilat SZ. Time and the Patient-Physician Relationship. *J Gen Intern Med.* 1999 14(1): S34-S40.

Morjoua Y, Bozic KJ. Brief history of quality movement in US healthcare. *Curr Rev Muscoloskelet Med.* 2012. 5:256-273.

Tai-Seale M, McGuire TG, Weimin Z. Time allocation in primary care office visits. *Health Serv Res.* 2007 42(5):1871-1894.

National Center for Health Statistics. Percentage of diagnosed hypertension for adults 18 and over, United States 2019-2022. National Health Interview Survey. 7/17/2023

National Center for Health Statistics. National Ambulatory Medical Care Survey: 2019 National Summary Tables.

Arndt BG. Beasley JW, Watkinson MD, et al. Tethered to the HER. Primary care physician workload assessment using HER event log data and time event monitor. *Annals of Family Medicine*. 2017. 15 (5.) 1-8.

Sinsky C, Colligan L, Li L. et al. Allocation of physician time in ambulatory practice: A time and motion study in 4 specialties. *Annals of Internal Medicine.* 2016, 165 (11) 753-760.

MGMA. Spotlight prior authorization in Medicare Advantage. May 2023.