



Welcome to the spring edition of the AMA's Very Influential Physician (VIP) Insider. Read on for details about these topics:

- Most physicians had little relief from prior authorizations as COVID cases soared
- Parliamentary voting habits aren't going away
- New VIP survey – we want your input!

Most physicians had little relief from prior authorization as COVID cases soared

As new cases of COVID-19 in the United States were peaking in late 2020, most physicians reported that health plans continued to impose bureaucratic prior authorization policies that delay access to necessary care and sometimes result in serious harm to patients, according to new survey results issued recently by the AMA.

According to the AMA survey, almost 70% of 1,000 practicing physicians surveyed in Dec. 2020 reported that health insurers had either reverted to past prior authorizations policies or never relaxed these policies in the first place. More than nine in 10 physicians (94%) reported care delays while waiting for health insurers to authorize necessary care, and nearly four in five physicians (79%) said patients abandon treatment due to authorization struggles with health insurers.

Nearly one-third (30%) of physicians reported that prior authorization requirements have led to a serious adverse event for a patient in their care, according to the AMA survey. More specifically, prior authorization requirements led to the following repercussions for patients:

- Patient hospitalization—reported by 21% of physicians
- Life-threatening event or intervention to prevent permanent impairment or damage—reported by 18% of physicians
- Disability or permanent bodily damage, congenital anomaly, birth defect, or death—reported by 9% of physicians

While the health insurance industry says prior authorization criteria reflect evidence-based medicine, the physician experience casts doubt on the credibility of this claim. Only 15% of physicians reported that prior authorization criteria were often or always based on evidence-based medicine.

- Other critical physician concerns highlighted in the AMA survey include:

- Nine in 10 physicians (90%) reported that prior authorizations programs have a negative impact on patient clinical outcomes.
- A significant majority of physicians (85%) said the burdens associated with prior authorization were high or extremely high.
- Medical practices complete an average of 40 prior authorizations per physician, per week, which consume the equivalent of two business days (16 hours) of physician and staff time.
- To keep up with the administrative burden, two out of five physicians (40 %) employ staff members who work exclusively on tasks associated with prior authorization.

The findings of the AMA survey illustrate a critical need to streamline or eliminate low-value prior-authorization requirements to minimize delays or disruptions in care delivery. The AMA has taken a leading role in advocating for prior authorization reforms and convening key industry stakeholders to develop a roadmap for improving the prior authorization process.

In January 2018, the AMA and other national organizations representing pharmacists, medical groups, hospitals and health plans signed a [consensus statement](#) outlining a shared commitment to improving five key areas associated with the prior authorization process. However, health plans have made little progress in the last three years toward implementing improvements in each of the five areas outlined in the consensus statement.

The AMA continues to work on [every front](#) to streamline prior authorization. Through our research, collaborations, advocacy and leadership, the AMA is working to right-size prior authorization programs so that physicians can focus on patients rather than paperwork. Patients can share their own personal experiences with prior authorization at [\[FixPriorAuth.org\]](#)[FixPriorAuth.org](#).

Parliamentary voting habits aren't going away

by [Charlie Cook](#) of the [National Journal](#)

Last November, 96 percent of House-race victors were of the same party as the winning presidential candidate in that district.

After President Biden signed into law the coronavirus relief package earlier this month, a Republican friend facetiously said, "I thought Bernie Sanders and Elizabeth Warren both lost the Democratic nomination race last year, but apparently not."

In fact, the Democratic Party went with Biden over Bernie Sanders at a time when the Vermont senator had beaten back a challenge from Warren and consolidated the party's progressive wing. Meanwhile, the less ideological side of the party was still badly split between a dozen or so other candidates. This was rightly interpreted at the time as a move away from a very liberal agenda.

Republicans are going to scream that the Democratic agenda this year is nothing short of radical, left-wing, or socialist. My policy is not to sling such highly subjective terms around. But what we are seeing may be the greatest expansion of federal programs and spending in over a half century, and it may have to be at least partially accompanied by major tax increases. This is likely to send the GOP and conservatives into an apoplectic state if not a low orbit.

Over the last 30 years, really since the beginning of Bill Clinton's presidency, we have seen a consistent escalation of partisanship, and with it, nationalized elections. The smallest shifts result in the electorate swinging from one direction and party to the other with dramatic electoral consequences. Four consecutive presidents have now seen their party's House and Senate majorities go up in smoke on their watch, a record unprecedented in American history.

The agenda that is being pushed by Biden and congressional Democrats, as well as the Republican reaction to that agenda, will only pour more gasoline on this already raging partisan inferno and make our congressional elections even more parliamentary. Voters are going to be pulling the lever for the red team or blue team. The individual candidates—their strengths and weaknesses, and whether their campaigns are world-class or bush league—become less relevant all the time.

Back in the 1970s when Democratic House Speaker Tip O'Neill would say that "all politics is local," he was mostly correct. Politics was driven more by issues and circumstances at the local, congressional-district, and state level, and less by the ebb and flow of national politics.

From time to time, elections would be "nationalized," as if an invisible hand was pushing one party forward or holding back the other. But many elected officials or other candidates had their own brands, their own identities, such that they could often win elections even in somewhat hostile territory or particularly challenging political environments for their party, because they were seen as hard-working and dedicated to their constituents. They'd built up a bond with at least enough swing voters who, when added to their own party's base, would enable them to win in tough circumstances.

Last November, 96 percent of House-race victors were of the same party as the winning presidential candidate in that district. Indeed, ticket-splitting is largely a thing of the past. We used to hear plenty of voters say, "I vote the person, not the party." Rarely do we hear it anymore.

With the Census Bureau now not scheduled to report the detailed data needed for remapping districts until Sept. 30, we won't know for at least six months how boundaries are going to be drawn and which members will end up with districts behind enemy lines. Right now, however, there are just 16 such members, according to Cook Political Report House Editor David Wasserman.

Only nine GOP House members currently hold districts that Biden won last November: Reps. David Valadao (California-21), Mike Garcia (California-25), Young Kim (California-39), Michelle Steel (California-48), Maria Elvira Salazar (Florida-27), Don Bacon (Nebraska-02), John Katko (New York-24), Brian Fitzpatrick (Pennsylvania-01), and Beth Van Duyne (Texas-24).

Meanwhile, just seven Democrats are sitting in districts where Donald Trump prevailed: Reps. Cheri Bustos (Illinois-17), Cindy Axne (Iowa-03), Jared Golden (Maine-02), Elissa Slotkin (Michigan-08), Andy Kim (New Jersey-03), Matt Cartwright (Pennsylvania-08), and Ron Kind (Wisconsin-03).

While Republicans will not be in quite as dominating a position as they were when they drew a majority of state maps a decade ago, they still are in the far better position than Democrats. Wasserman points out that Republicans will have the final say in redistricting in states with 188 congressional districts, down from 219 10 years ago. Democrats have the upper hand in states with just 73 districts, up from 44. Another 122

districts will be drawn by independent commissions, up from 88, and 45 states have split control, down from 77. Both this decade and last, seven states will have at-large seats with no remapping necessary.

The point of all of this is that with so many people voting on a partisan basis, the framing of Biden's and the Democrats' agenda—and the Republican response to it—is pretty close to the whole ball game. One side is likely to do a better job of selling than the other, and the House (and to a lesser extent, Senate) seats will simply flow from that. For both sides, this is risky business.

New VIP survey – we want your input!

Help us empower you.

The AMA's Physicians Grassroots Network Very Influential Physicians (VIP) program is looking to offer new and timely educational opportunities for physicians, residents, and medical students wanting to take their advocacy to the next level.

Help us empower you to be the best possible advocate by completing our brief [5 question survey](#). Your responses will guide us as we develop future VIP advocacy training sessions.

Thank you for taking the time to complete the survey! We appreciate you being a VIP and truly value your feedback.

Survey link: <https://www.surveymonkey.com/r/LK3JLVR>



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