

Why we need a recovery plan for America's physicians

JUN 16, 2022

Jack Resneck Jr., MD

President

Physicians know what it means to put patients first. Doing so during the COVID-19 pandemic has involved placing their own lives at risk while working tirelessly to restore the health of others and advocate for treatments backed by science and evidence, including the highly effective and safe COVID-19 vaccines.

Some physicians—alongside many nurses and other health care workers—lost their lives responding to the most severe threat to public health in generations. And every physician, whether on the front lines in hospitals and ICUs, educating the public about the pandemic in the face of disinformation, or simply trying to keep practices afloat, has shouldered the enormous weight of this pandemic and a health system stretched to its breaking point.

After taking care of our nation in this extraordinary time, it's time our nation renews its commitment to physicians and the patients we serve. And here's how that can happen.

Taking concrete action on five fronts

As we opened the 2022 Annual Meeting of the AMA House of Delegates in Chicago last week, we unveiled the AMA Recovery Plan for America's Physicians, a five-point strategy that lays out specific actions our nation must take to strengthen our physician workforce and help us rebuild so that we can better meet the needs of our patients.

The AMA Recovery Plan for America's Physicians calls for:

- Supporting telehealth to maintain gains in coverage and payment.
- Reforming Medicare payment to promote thriving physician practices and innovation.
- Stopping scope creep that threatens patient safety.

- Fixing prior authorization to reduce the burden on practices and minimize dangerous care delays for patients.
- Reducing physician burnout and addressing the stigma around mental health.

Each of these goals is within our grasp, and each must be accomplished to help physicians recover from the trauma of this pandemic and to eliminate some of the most common pain points that threaten to drive physicians from practice.

Indeed, an article published in *Mayo Clinic Proceedings: Innovations, Quality & Outcomes* last December confirmed many of our worst fears about what this pandemic and other health system dysfunction is doing to our physician workforce. The report, based on a broad survey of medical professionals in 2021, showed that one in five doctors said they planned to leave the profession in the next two years. Many more planned to reduce the hours they worked.

If only a fraction of these physicians follow through with this intention, it would have an enormous impact on our health system and the health of the nation. This is why the AMA Recovery Plan for America's Physicians is so critical at this time. We have to channel the urgency of our fight against COVID-19 into action that will actually upgrade our health system, improve quality care for patients, support innovation, and help us better respond to the next great health crisis we will surely encounter.

Building on gains in telehealth

The rapid growth and large-scale adoption of telehealth during the pandemic allowed physicians to deliver a broad range of desperately needed services to patients in an innovative, cost-effective manner.

Our goal now should be to cement that success by permanently eliminating the pre-pandemic coverage restrictions that prevented telehealth from reaching its full potential. While the AMA is working to ensure physicians have the tools, resources and support to seamlessly integrate telehealth into their practices, we're also advocates for patients in all communities to be able to access appropriate, coordinated, evidence-based telehealth services without the need to travel to a medical facility.

Medicare payment reform

Throughout the COVID-19 pandemic, physicians everywhere have struggled with significant financial instability. Some practices closed, while many others worked to overcome relentless challenges tied to a variety of pandemic-related factors.

While Congress has acted to avert devastating cuts to Medicare payment, the reality is that this system has not seen a real update that reflects increasing practice costs in two decades. That unacceptable lag is putting enormous pressure on physician practices and jeopardizing the health safety net that patients rely on in communities across the country.

We need fundamental reforms to stabilize this vital program and prioritize continued access to care for Medicare patients. This includes financial stability that predictably updates physician payments to reflect inflation.

Stopping scope creep

Physicians draw on their unique skills, extensive experience, clinical judgment and the highest level of education and training in diagnosing and treating patients. A physician is the most capable and cost-effective leader in team-based models of health care delivery, in which each team member fills a clearly defined role based on his or her training and expertise.

Patients rely on physicians to direct the care they receive, and the Recovery Plan for America's Physicians presses our AMA's vigorous opposition to inappropriate scope of practice expansions by nonphysicians.

Every member of health care teams brings important skills to patient care, and nonphysicians made major contributions during the pandemic. That said, patient safety demands that we lift up physicians for their expertise as leaders of health care teams, and the AMA Scope of Practice Partnership with more than 100 national, state and specialty medical associations remains dedicated to that goal.

Fixing prior authorization

Prior authorization programs that insurers use to deny care and increase their own profits have grown out of control and must be right-sized. The AMA Recovery Plan for America's Physicians will press the fight against this archaic process that delays necessary medical care and routinely causes patients to abandon treatment entirely—often with disastrous results.

I recall when prior authorization was focused on a few brand-new, high-cost medications or procedures. But when prescribing even a generic steroid cream invented in the 1960s to my dermatology patients started to involve several days of faxes, phone calls and appeals talking to health plan decision-makers who aren't physicians and haven't heard of the diseases I'm treating, it became clear to me that we had sunk to a new low.

Physician practices, faced with a growing burden from these overused, costly, and inefficient prior authorizations, are forced to devote substantial time and resources to get patients the evidence-based care they need. That time should be devoted to patient care, not wasteful paperwork and maddening arguments to get appropriate medications and procedures approved.

Widespread calls for prior authorization reform have largely been ignored, and sometimes actively opposed, by health insurers. That's why the AMA is aggressively fighting and making progress in Congress and state legislatures, as well as pursuing a grassroots advocacy campaign, for the benefit of patients and physicians alike.

Reducing physician burnout

Addressing and alleviating physician burnout—an AMA priority for more than a decade—has never been more important than it is today. A projected physician shortage that existed before the pandemic has been exacerbated by COVID-19.

Reducing levels of burnout and overall job dissatisfaction that are driving these findings can be accomplished by removing barriers that leave physicians feeling powerless and wholly unable to do what they do best and what drew them to careers in medicine: caring for patients. Promoting physician well-being also means stripping away the stigma that surrounds mental illness and can deter physicians from seeking treatment for health issues for fear of licensing sanctions.

Physicians bravely answered the call and put everything on the line during the darkest days of this pandemic. They deserve more than our thanks and our gratitude. They deserve our most sincere effort to fight for the changes our health system desperately needs—for the betterment of both physicians and patients.