

## **American Academy of Family Physicians - Congress of Delegates 2022**

*Introduced by: Mississippi Academy of Family Physicians*

**Subject:** Accountability and Incentivization of Health Insurance Companies in the Process of Healthcare Simplification

**WHEREAS**, multiple studies show the tremendous financial and human resource burden imposed upon physician practices as well as the healthcare system in general unilaterally by unnecessary requirements from health insurance companies; and

**WHEREAS**, multiple polls and studies have shown that the unnecessary administrative burdens of medicine imposed upon physician practices by health insurance companies is a major factor in physician burnout; and

**WHEREAS**, there is a longstanding, widely-acknowledged physician shortage that is worsened by unreasonable and unnecessary administrative burdens imposed by health insurance companies upon physician practices; and

**WHEREAS**, the administrative burden of medicine is known to delay and deny necessary care to patients, often resulting in worsened outcomes; and

**WHEREAS**, a systemically flawed process, such as the unnecessary administrative burdens of healthcare, that causes poor outcomes often affects underserved and marginalized populations disproportionately and worsens healthcare disparities; and

**WHEREAS**, health insurance companies are not currently measured regularly and objectively towards their progress of healthcare simplification; and

**WHEREAS**, agreed upon metrics that set incremental goals towards healthcare simplification will prioritize healthcare simplification amongst health insurance companies and ensure forward momentum in this process; and

**WHEREAS**, health insurance companies lack incentive to prioritize healthcare simplification and, by and large, have shown no consistent good-faith efforts to do so; therefore, be it

**RESOLVED**, that the AAFP, in conjunction with stakeholders, develop metrics that evaluate the relationship of health insurance companies with physicians, other healthcare providers, and patients and advocate for all health insurance companies to be required to report their performance of those metrics annually.

**BE IT FURTHER RESOLVED**, that the AAFP advocate for state insurance commissioners to institute financial penalties against health insurance carriers that underperform in metrics designed to evaluate their performance in maintaining effective and efficient relationships with patients, physicians, and other healthcare providers.

## **American Academy of Family Physicians - Congress of Delegates 2022**

*Introduced by: Mississippi Academy of Family Physicians*

**Subject:** Centralization of the Prior Authorization process

**WHEREAS**, multiple studies show the tremendous financial and human resource burden imposed upon physician practices by the current prior authorization (PA) process; and

**WHEREAS**, multiple polls and studies have shown that the unnecessary administrative burdens of medicine imposed upon physician practices by health insurance companies, including the current PA process, is a major factor in physician burnout; and

**WHEREAS**, the time spent on PAs by physicians and their staff is time that could be spent serving more patients, delivering higher quality care, calling patients and offering education for chronic disease management over the phone thereby preventing costly emergency room visits or hospital admissions; and

**WHEREAS**, there is a longstanding, widely-acknowledged physician shortage that is worsened by unreasonable and unnecessary administrative burdens imposed by health insurance companies upon physician practices, such as the current PA process; and

**WHEREAS**, the current PA process is known to delay and deny necessary care to patients, often resulting in worsened outcomes; and

**WHEREAS**, a systemically flawed process, such as the unnecessary administrative burdens of healthcare (including the current prior authorization process), that causes poor outcomes often affects underserved and marginalized populations disproportionately and worsens healthcare disparities; and

**WHEREAS**, there is a seemingly endless amount of health insurance companies in any given practice that all have a different website, with different log-in credentials, that adds yet another unnecessary barrier to working through a list of PAs for a given practice; therefore, be it

**RESOLVED**, that the AAFP advocate for the creation of a central website through which all prior authorizations (PA) can be conducted with compulsory participation by all health insurance companies that requires only a single log-in step to process PAs from multiple insurance companies.

## **American Academy of Family Physicians - Congress of Delegates 2022**

*Introduced by: Mississippi Academy of Family Physicians*

**Subject:** Reduction of the Prior Authorization requirements

**WHEREAS**, multiple studies show the tremendous financial and human resource burden imposed upon physician practices by the current prior authorization (PA) process; and

**WHEREAS**, multiple polls and studies have shown that the unnecessary administrative burdens of medicine imposed upon physician practices by health insurance companies, including the current PA process, is a major factor in physician burnout; and

**WHEREAS**, the time spent on PAs by physicians and their staff is time that could be spent serving more patients, delivering higher quality care, calling patients and offering education for chronic disease management over the phone thereby preventing costly emergency room visits or hospital admissions; and

**WHEREAS**, there is a longstanding, widely-acknowledged physician shortage that is worsened by unreasonable and unnecessary administrative burdens imposed by health insurance companies upon physician practices, such as the current PA process; and

**WHEREAS**, the current PA process is known to delay and deny necessary care to patients, often resulting in worsened outcomes; and

**WHEREAS**, a systemically flawed process, such as the unnecessary administrative burdens of healthcare (including the current PA process), that causes poor outcomes often affects underserved and marginalized populations disproportionately and worsens healthcare disparities; and

**WHEREAS**, there is a wide variation between the PA requirements of health insurance companies; and

**WHEREAS**, the wide variation of PA requirements makes it unnecessarily difficult for physicians to know when they are “allowed” to order certain tests or supplies; and

**WHEREAS**, healthcare insurance companies often abuse the PA process by imposing requirements that cause deviation in the standard of care; therefore, be it

**RESOLVED**, that the AAFP advocate for the reduction in prior authorization (PA) requirements of all health insurance companies by creating standard PA criteria with emphasis on those orders that are commonly made by family physicians and for adoption of these criteria throughout the insurance industry.

## **American Academy of Family Physicians - Congress of Delegates 2022**

*Introduced by: Mississippi Academy of Family Physicians*

**Subject:** Transparency of the Prior Authorization process

**WHEREAS**, multiple studies show the tremendous financial and human resource burden imposed upon physician practices by the current prior authorization (PA) process; and

**WHEREAS**, multiple polls and studies have shown that the unnecessary administrative burdens of medicine imposed upon physician practices by health insurance companies, including the current PA process, is a major factor in physician burnout; and

**WHEREAS**, the time spent on PAs by physicians and their staff is time that could be spent serving more patients, delivering higher quality care, calling patients and offering education for chronic disease management over the phone thereby preventing costly emergency room visits or hospital admissions; and

**WHEREAS**, there is a longstanding, widely-acknowledged physician shortage that is worsened by unreasonable and unnecessary administrative burdens imposed by health insurance companies upon physician practices, such as the current PA process; and

**WHEREAS**, the current PA process is known to delay and deny necessary care to patients, often resulting in worsened outcomes; and

**WHEREAS**, a systemically flawed process, such as the unnecessary administrative burdens of healthcare (including the current PA process), that causes poor outcomes often affects underserved and marginalized populations disproportionately and worsens healthcare disparities; and

**WHEREAS**, there is a wide variation between the PA requirements of health insurance companies; and

**WHEREAS**, the wide variation of PA requirements makes it unnecessarily difficult for physicians to know when they are “allowed” to order certain tests or supplies; and

**WHEREAS**, there is no simple, universal method in learning the various PA requirements among different health insurance companies; therefore, be it

**RESOLVED**, that the AAFP advocate for required transparency of PA requirements from individual health insurance companies through simple accessibility of PA criteria to both patients and physicians through a hyperlink easily seen from the home page of their respective websites.

**BE IT FURTHER RESOLVED**, that the specific requirements for any given order that requires a prior authorization (PA) be listed clearly on the landing page of the PA that is being processed.

## **American Academy of Family Physicians - Congress of Delegates 2022**

*Introduced by: Mississippi Academy of Family Physicians*

**Subject:** Ready access to the active medication formulary for patients and physicians

**WHEREAS**, there is wide variation in the compilation of medication formularies among health insurance companies; and

**WHEREAS**, medication formularies among health insurance companies change on a regular basis; and

**WHEREAS**, there are often multiple appropriate drugs within a medication class from which a physician may choose to prescribe to a patient; and

**WHEREAS**, physicians often prescribe one medication to a patient only to find out at a later time that the medication was not taken due to a lack of coverage which contributes to poor outcomes; and

**WHEREAS**, once the lack of medication coverage is discovered, there is often no information easily accessible to inform the physician, the physician's staff, or the patient what medication (if any) has preferred coverage by the insurance company; therefore, be it

**RESOLVED**, that the AAFP advocate for regulations that require health insurance companies to provide physicians and patients ready access to a well-organized, searchable, digital copy of all covered services, the medication formulary, and associated patient-costs in link form (by QR code or its equivalent) on the patient's insurance card that is not password protected.

## **American Academy of Family Physicians - Congress of Delegates 2022**

*Introduced by: Mississippi Academy of Family Physicians*

**Subject:** Permanent HIPAA flexibility to allow for FaceTime and other widely used real-time audiovisual technology in America

**WHEREAS**, telemedicine utilization has greatly expanded since 2020 as a result of the pressures of the COVID-19 pandemic on the American healthcare system to utilize current, widely-available, real-time audiovisual technology; and

**WHEREAS**, certain requirements of the Health Insurance Portability and Accountability Act (HIPAA) have been waived as an emergency maneuver by congress that allows physicians to utilize real-time audiovisual technology that is widely available by a preponderance of Americans; and

**WHEREAS**, the requirements of HIPAA (currently waived) have historically added barriers to utilization for people who lack the ability or knowledge to navigate the downloading and usage of HIPAA-compliant smartphone apps which may be harder to use than the real-time audiovisual technology that is already available on their phones and which they are already accustomed to using; and

**WHEREAS**, these barriers often affect underserved, lesser educated, poor, or marginalized populations disproportionately and worsens healthcare disparities; therefore, be it so

**RESOLVED**, that the AAFP advocate for the update of HIPAA requirements to allow for the use of real-time audiovisual communication that includes commonly available technology such as FaceTime.

## **AAFP Resolution Summary**

### **Insurance Accountability**

1. **RESOLVED**, that the AAFP, in conjunction with stakeholders, develop metrics that evaluate the relationship of health insurance companies with physicians, other healthcare providers, and patients and advocate for all health insurance companies to be required to report their performance of those metrics annually.
2. **BE IT FURTHER RESOLVED**, that the AAFP advocate for state insurance commissioners to institute financial penalties against health insurance carriers that underperform in metrics designed to evaluate their performance in maintaining effective and efficient relationships with patients, physicians, and other healthcare providers.

### **Healthcare Simplification**

3. **RESOLVED**, that the AAFP advocate for the creation of a central website through which all prior authorizations (PA) can be conducted with compulsory participation by all health insurance companies that requires only a single log-in step to process PAs from multiple insurance companies.
4. **RESOLVED**, that the AAFP advocate for the reduction in prior authorization (PA) requirements of all health insurance companies by the AAFP creating standard PA criteria with emphasis on those orders that are commonly made by family physicians and for adoption of these criteria throughout the insurance industry.

### **Healthcare Transparency**

5. **RESOLVED**, that the AAFP advocate for required transparency of PA requirements from individual health insurance companies through simple accessibility of PA requirements to both patients and physicians through a hyperlink easily seen from the home page of their respective websites.
6. **BE IT FURTHER RESOLVED**, that the specific requirements for any given order that requires a prior authorization (PA) be listed clearly on the landing page of the PA that is being processed.
7. **RESOLVED**, that the AAFP advocate for regulations that require health insurance companies to provide physicians and patients ready access to a well-organized, searchable, digital copy of all covered services, the medication formulary, and associated patient-costs in link form (by QR code or its equivalent) on the patient's insurance card that is not password protected.

### **HIPAA Update**

8. **RESOLVED**, that the AAFP advocate for the update of HIPAA requirements to allow for the use of real-time audiovisual communication that includes widely available technology such as FaceTime.