

The Florida Medical Association presents

The Business of Medicine Quarterly Index Survey



Q3 2013 Survey Results

October 2013

About the Florida Medical Association

The Florida Medical Association is a professional association dedicated to the service and assistance of Doctors of Medicine and Doctors of Osteopathic Medicine in Florida. The FMA represents more than 20,000 physicians on issues of legislation and regulatory affairs, medical economics and education, public health, and ethical and legal issues. We advocate for physicians and their patients to promote the public health, ensure the highest standards of medical practice, and to enhance the quality and availability of health care in the Sunshine State.

Survey Overview

The Florida Medical Association launched the Q3 Business of Medicine Quarterly Index Survey on Oct. 9, 2013, to identify specific issues affecting Florida physicians. The results of the email survey are based on the responses of 562 doctors — FMA members and non-FMA members. Among the most striking findings is that interactions with insurance companies are a significant drain on physicians' time and that of their staff members.

A quarter of respondents (25 percent) reported that more than 15 staff hours a week are devoted to requesting prior authorizations from insurance companies, and 32.43 percent said more than 20 hours of staff time are devoted weekly to interactions with insurance companies or HMOs. Nearly 47 percent indicated that at least 20 percent of the procedures or services they provide are subject to prior approval before they are administered.

“The volume of administrative demands on physicians has reached a critical point, and ultimately it cuts into the amount of time they have to care for their patients,” said FMA Executive Vice President Timothy J. Stapleton. “Relieving those burdens is one of the FMA’s top priorities, and we provide our members with direct assistance so that they can focus on patient care instead of paperwork.”

Among the other key findings:

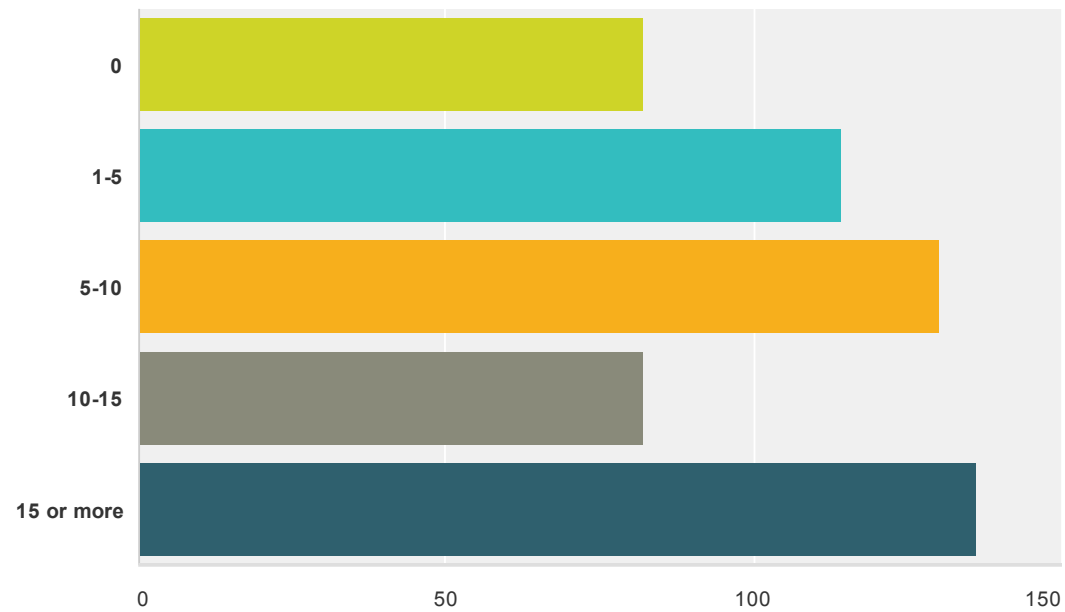
- 63.76 percent reported experience with “fail first” or “step therapy” protocols used by insurance companies.
- 54.36 percent treat Medicaid patients, and 46.3 percent cited low or inadequate reimbursement as the main reason that they do *not* take Medicaid patients.
- 57.54 percent support expansion of the Medicaid program.

Said one respondent, “Our job is to take care of people in need. I see lots of indigent patients. ... This way, we will have more patients who will have access to better care — hopefully, away from ‘emergent’ care.” Another respondent among the 42.46 percent who opposed expansion said, “It will flood emergency rooms with patients demanding services for non-acute care because they will not be able to find primary care physicians who accept Medicaid because of the low reimbursement rates.”

- The vast majority of physicians surveyed are against scope-of-practice expansion for Advanced Registered Nurse Practitioners. 74.32 percent oppose removing the current supervision requirements for ARNPs so that they can practice independently.

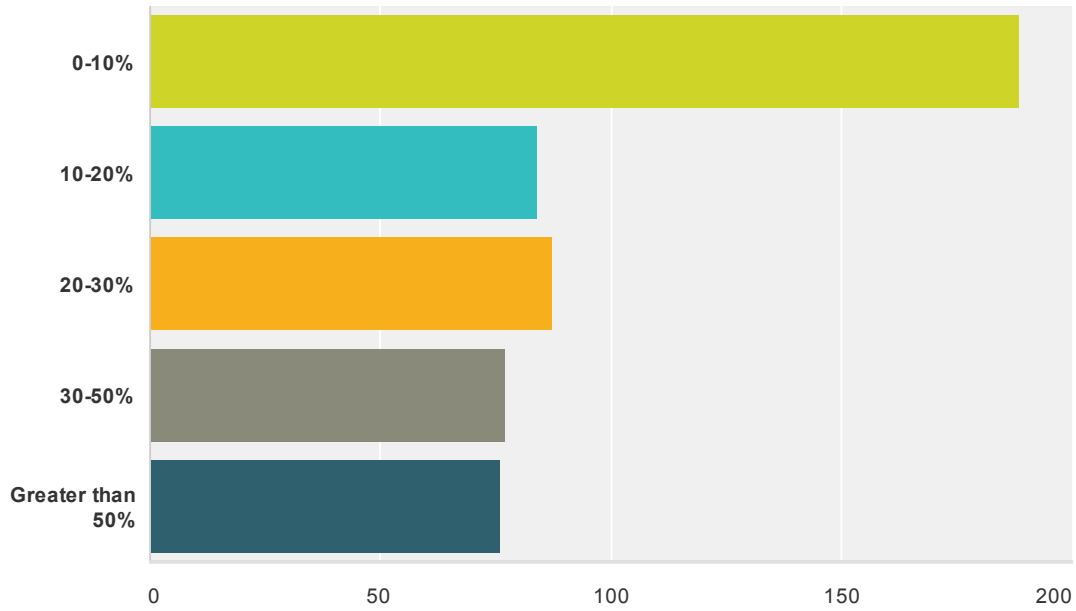
When asked about the most important thing the FMA can do to affect statewide health-care policy changes, the highest number of respondents (27.23 percent) answered, “Reduce burdensome regulations on physicians.” The previous FMA Business of Medicine survey, launched in July, revealed the same. The second-highest percentage (24.04 percent) responded, “Work to increase payment for physician services from government and private payers,” and the third highest (18.94 percent) said, “Bring more fairness to the medical liability system.” This mirrors the findings of the previous survey as well.

How many staff hours, per week, do you estimate are devoted to requesting prior authorizations from insurance companies or managed care companies?



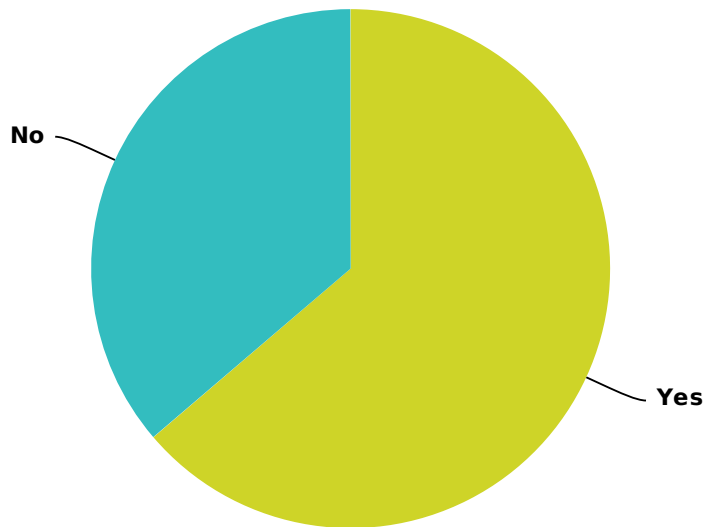
Answer Choices	Responses
0	15.07% 82
1-5	20.96% 114
5-10	23.90% 130
10-15	15.07% 82
15 or more	25% 136
Total	544

What percentage of the procedures or services that you provide is subject to prior approval before they are administered?



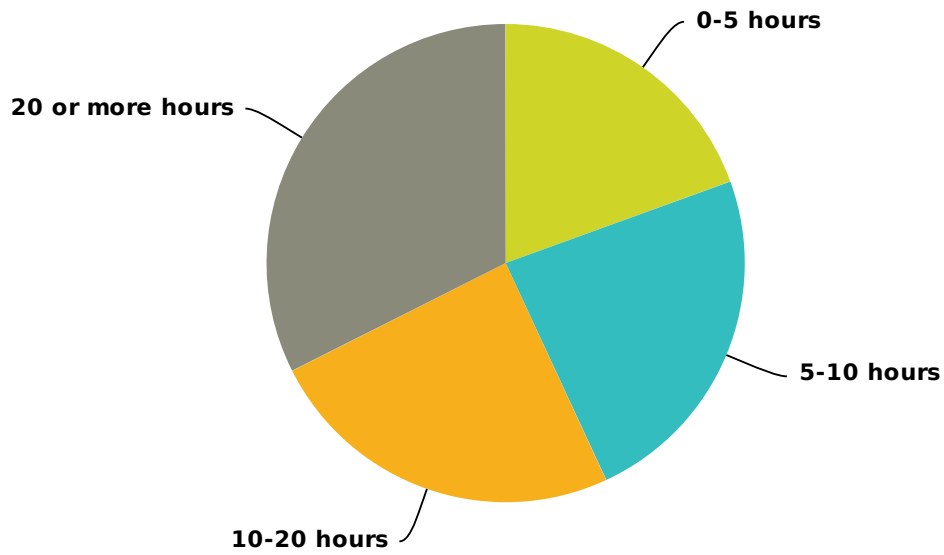
Answer Choices	Responses
0-10%	36.72% 188
10-20%	16.41% 84
20-30%	16.99% 87
30-50%	15.04% 77
Greater than 50%	14.84% 76
Total	512

Do you have experience with “fail first” or “step therapy” protocols that are used by insurance companies?



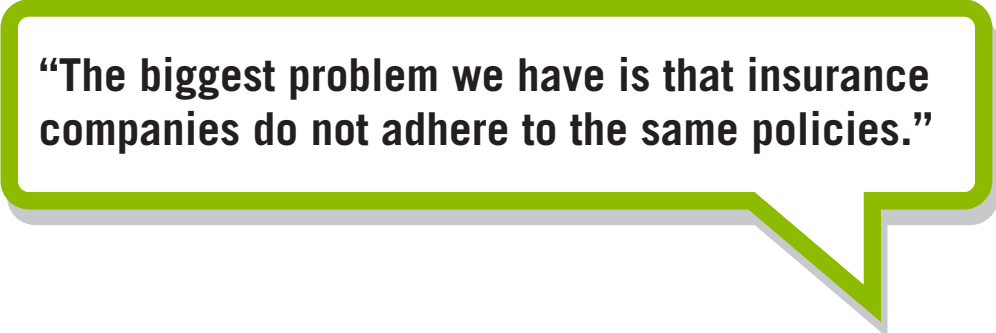
Answer Choices	Responses
Yes	63.76% 329
No	36.24% 187
Total	516

Overall, how much staff time is devoted, per week, to interactions with insurance companies or HMOs?




Answer Choices	Responses
0-5 hours	19.46% 93
5-10 hours	23.64% 113
10-20 hours	24.48% 117
20 or more hours	32.43% 155
Total	478

What are the most onerous insurance company rules and regulations that you encounter? Please list them below.

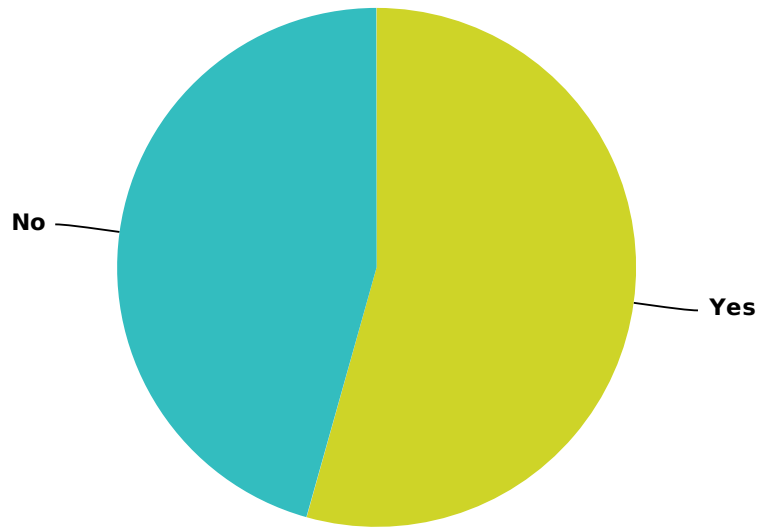


“The biggest problem we have is that insurance companies do not adhere to the same policies.”



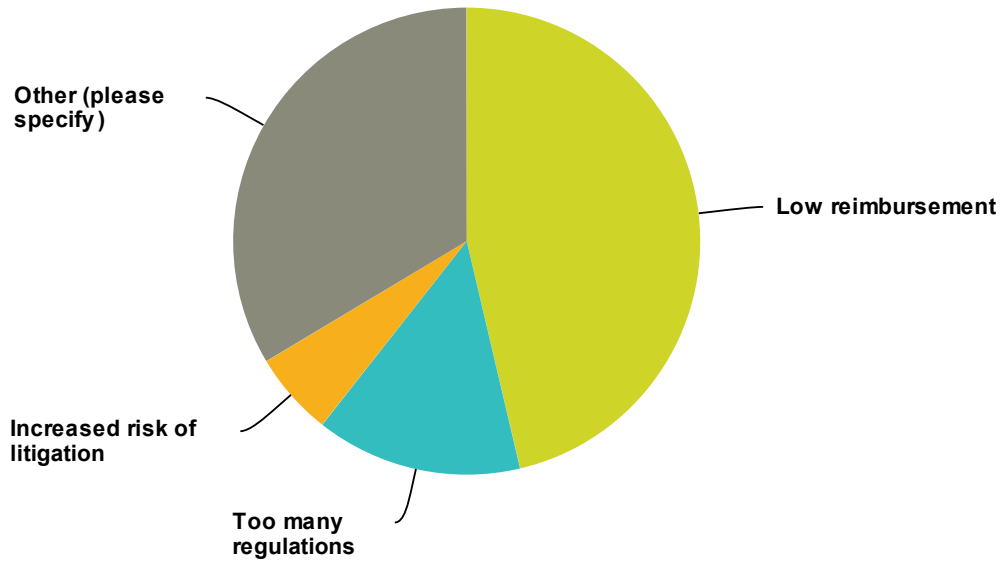
“Complexity of getting authorized for each type of service and each patient. Variations in coverage.”

Do you currently treat Medicaid patients in your practice?



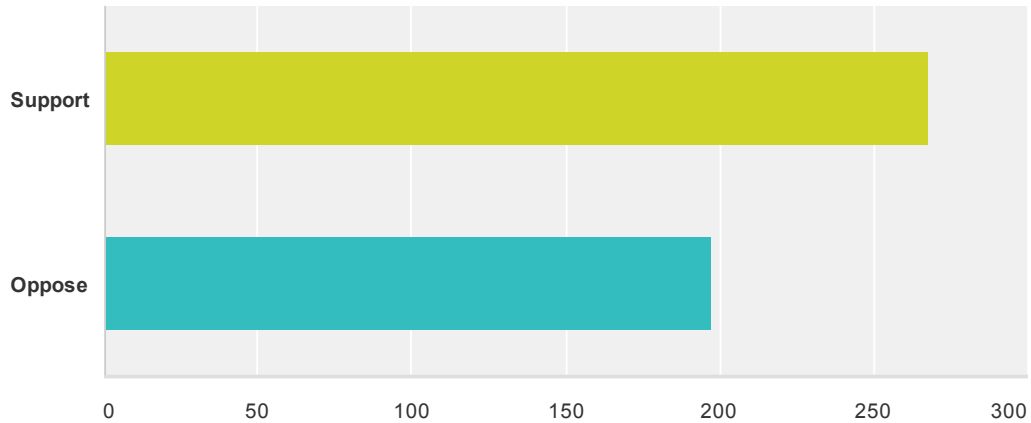
Answer Choices	Responses	
Yes	54.36%	262
No	45.64%	220
Total	482	

If you do not currently treat Medicaid patients, what is the main reason?



Answer Choices	Responses	
Low reimbursement	46.33%	120
Too many regulations	14.29%	37
Increased risk of litigation	5.79%	15
Other (please specify)	33.59%	87
Total		259

Do you support or oppose expanding the Medicaid program to allow more uninsured Floridians to have insurance coverage?

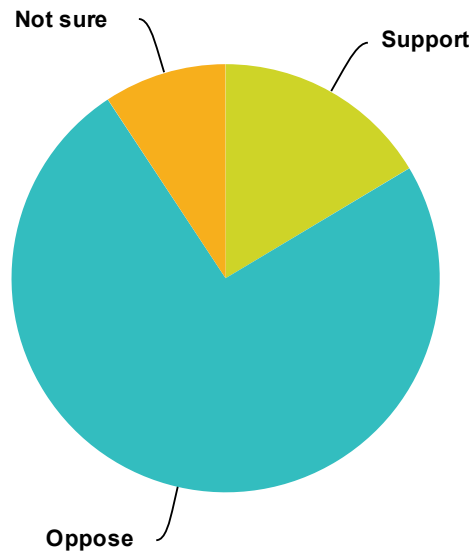


Answer Choices	Responses	
Support	57.54%	267
Oppose	42.46%	197
Total		464

“Our job is to take care of people in need. I see lots of indigent patients. ... This way, we will have more patients who will have access to better care — hopefully, away from ‘emergent’ care.”

“It will flood emergency rooms with patients demanding services for non-acute care because they will not be able to find primary care physicians who accept Medicaid because of the low reimbursement rates.”

Some states allow ARNPs to practice independently, but Florida law requires ARNPs to be supervised by physicians. Do you support or oppose removing the current supervision requirements for ARNPs so that they can practice independently and potentially help increase access to basic primary care services?



Answer Choices	Responses	
Support	16.42%	78
Oppose	74.32%	353
Not sure	9.26%	44
Total		475

“Florida actually has a collaborative relationship versus a direct supervisory role for NPs. Having previously been an NP myself, I understand the limitations and less intensive educational background of NPs and believe all NPs and PAs should have direct access to a physician for the most comprehensive and safe patient care.”

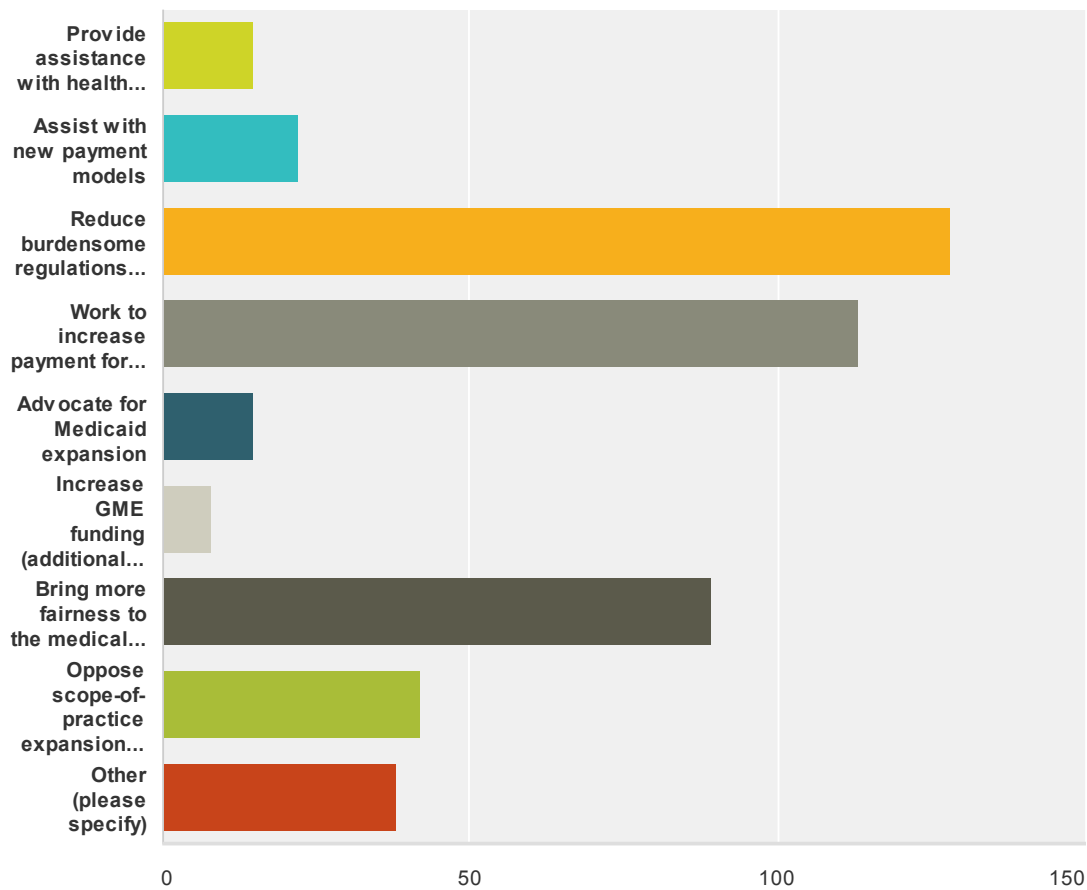
“I was a PA before becoming a physician, and I did not have the experience/wisdom to practice independently.”

“If they wish to become a doctor, they should become a doctor.”

“They just don’t know what they don’t know.”

“ARNPs work using protocols. These (are not a substitute for) the knowledge of physiology and more extensive training that a physician has.”

What is the most important thing the FMA can do at the state level to help you practice medicine?



Answer Choices	Responses
Provide assistance with health information technology and EHRs	3.19% 15
Assist with new payment models	4.68% 22
Reduce burdensome regulations on physicians	27.23% 128
Work to increase payment for physician services from government and private payers	24.04% 113
Advocate for Medicaid expansion	3.19% 15
Increase GME funding (additional residency slots) for Florida	1.70% 8
Bring more fairness to the medical liability system	18.94% 89
Oppose scope-of-practice expansion for non-physicians	8.94% 42
Other (please specify)	8.09% 38
Total	470