



JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

September 26, 2018

Thomas Rothfeld, MD
Chief Medical Officer
Presbyterian Health Plan
9521 San Mateo Blvd. NE
Albuquerque, NM 87113

Dear Dr. Rothfeld:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to request that Presbyterian Health Plan (PHP) withdraw its policy to require prior authorization (PA) for all obstetrical ultrasounds performed in New Mexico, effective October 1, 2018. We agree with and underscore the concerns expressed by the New Mexico Medical Society and the American College of Obstetricians and Gynecologists about this policy and its impact on the delivery of timely, medically necessary care.

The AMA has launched an extensive, wide-ranging advocacy campaign to drive key reforms in PA policies, such as PHP's ultrasound PA protocol, due to their harmful impact on both patients and physician practices. In an AMA survey of 1,000 practicing physicians conducted in December 2017 (see attached summary), 92 percent of physicians reported that PA can delay access to necessary care. These delays may have serious implications for patients and their health, as 78 percent of physicians reported that PA can lead to treatment abandonment, and 92 percent indicated that PA can have a negative impact on clinical outcomes. Our survey results also capture the considerable administrative burden associated with PA programs: practices complete an average of 29.1 PA requests per physician per week, and this PA workload consumes 14.6 hours—nearly two business days—per week of physician and staff time.

The negative effect of PA on both patients and health care professionals led the AMA, along with a coalition of organizations representing physicians, medical groups, hospitals, pharmacists, and patients, to create a set of 21 best-practice Prior Authorization and Utilization Management Reform Principles. The principles, which are attached for your reference, have been endorsed by over 100 organizations and call for improvements in PA programs to address clinical validity, transparency, timely access and administrative efficiency, continuity of care, and alternative approaches to utilization management.

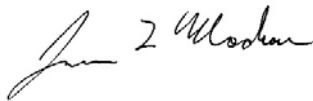
When we consider PHP's obstetrical ultrasound policy in the context of our survey results and reform principles, we have considerable concerns. Requiring PA for all obstetrical ultrasounds will undoubtedly result in appointment rescheduling and return visits, which are particularly problematic in a rural state such as New Mexico, where patients often travel long distances for care. There may be dangerous clinical consequences for both the expectant mother and unborn child from the treatment delays caused by this PA requirement. We question PHP's rationale in risking the health of its current—and future—members by imposing such a blunt policy on all obstetrical ultrasounds, which are routine, accepted, and standard

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components of maternity care practice. Any immediate cost savings from this PA protocol will be short-lived and are far outweighed by the potential for higher long-term health care costs due to complications from delayed diagnoses and interventions. Finally, the administrative burdens imposed on practices by this policy will further exacerbate the existing care access issues for women in the state.

Thank you for your time and consideration of our request to rescind this policy. If you would like to further discuss this issue, please contact Robert D. Otten, Vice President, Health Policy, at rob.otten@ama-assn.org or 312-464-4735.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L. Madara". The signature is written in a cursive, flowing style.

James L. Madara, MD

Attachments

cc: Barbara L. McAneny
Randy Marshall