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David Charles: The creepy third person in doctor's exam room

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I am a physician — not a politician. But I would have welcomed the chance to join congressional leaders at the Healthcare Summit convened by President Obama this week to reconsider the future of health-care reform.

Health-care reform should be focused on issues that matter most to the average Americans, and few issues are more important than preserving the physician-patient relationship. Americans want the freedom to choose their own doctors. They also want the ability to make decisions about their own health care in consultation with their doctors, without interference from anybody else.

President Obama and Congress would make an important first step towards comprehensive health-care reform if they committed to this year adopting legislation I have dubbed the Physician-Patient Relationship Preservation Act. The physician-patient relationship is increasingly under siege from the government and the insurance industry. When you visit your doctor, too often there is an invisible third person in the room interfering with what you and your doctor decide. This third person, of course, is the patient's insurance carrier. All too often that third person's job is to look out for the "bottom line" by trying to force doctors and patients to accept cheaper care.

The tug-of-war between insurance companies and doctors is nothing new, and patients have been caught in the middle for decades. In recent years, though, insurance companies have stepped up their interference and driven a wedge between doctors and patients.

Traditional insurance companies are increasingly resistant to paying the full cost of tests or drugs, a practice that directly obstructs patient care. Legislation is needed to curb this kind of interference, not just to protect patient access to quality care, but to realize needed health-care savings.

A study last year in the journal Health Affairs found physician practices across the country reported spending \$31 billion a year on the administrative costs of dealing with health-care coverage plans. Much of the time and money is spent appealing coverage denials that could seriously delay needed care for patients.

This problem is reflected in some common practices of health-insurance providers today.

One very common practice is therapeutic substitution of a prescription drug. This is when a patient goes to the pharmacy to get the drug his or her doctor has prescribed only to be told that the insurance company and the pharmacy want to replace it with another cheaper drug. This is not an identical generic substitute but a totally different drug from what the physician has prescribed.

Destructive delay tactics have also become common. If a patient's chronic headaches, for instance, increase in intensity, the responsible course of action for a physician is to order an MRI to see if there's a serious cause like a tumor.

In a disturbing number of cases today, insurance carriers won't flat out refuse to pay for an MRI or other diagnostic test, but they will make the pre-approval process so burdensome and time-consuming that the patient gives up.

There is a similar delay tactic in drug coverage known as "step therapy." Before agreeing to cover a prescribed drug, the insurer insists that the patient try one or more cheaper drugs first. Only after these drugs fail will the insurer approve the drug prescribed by the patient's own doctor. This means that patients must continue to suffer symptoms and possible drug side effects while 'trying' medications that the doctor never wanted to prescribe in the first place.

Unfortunately there are other examples, but none are as insensitive to patient welfare or common-sense economics as the insurance companies' cavalier treatment of patients taking drugs for chronic conditions. In an effort to cut costs, an insurance company will suddenly stop coverage for a drug which is currently being used to successfully manage a patient's condition. This is an invitation to side effects that could require an expensive hospital stay, all triggered by the carrier's desire to save a few dollars by making the patient use a cheaper drug.

This all goes back to the uninvited presence of that third person in the exam room. Successful federal or state health-care reform must first preserve the physician-patient relationship. Neither government nor insurance companies should stand as a barrier between patients and their doctors.

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