

# Cutting Down the **Red Tape** in Healthcare



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Although many associate the term “red tape” with government, it permeates many other realms of society. The most undermined and unnoticed red tape exists in the medical field. Many elements inhibit a healthcare provider’s ability to give the best possible care they can for the patient and prioritize their needs. Many of the problems stem from healthcare administration, insurance and a general lack of physician autonomy. These barriers are slowly being brought down and overcome through shifts toward private practices, placing medical professionals in administrative positions and teaching healthcare providers various business models.

Red tape at the highest level stems from barriers imposed by insurance companies. One of the ways in which patient care is inhibited is through prior authorization requirements. Prior authorization is the process by which insurance companies review how necessary treatments and medications are, before allowing a patient to receive them. According to Andis Robeznieks, senior news writer for the American Medical Association (AMA), 92% of surveyed physicians believe that prior authorization has a negative impact on healthcare delivery, and according to 62% of them, the impediment is significant.

The reason prior authorization is viewed negatively stems from delayed healthcare for acute problems. It also restricts certain treatments and drugs when insurances decline requests. Robeznieks found that 64% of physicians have reported waiting at least a full day to receive authorization and 80% of physicians have abandoned these tests due to these delays. To combat this issue AMA worked with stakeholders to work on improving the process; In 2016 they established 21 prior authorization principles to help

contribute to continuity in care and make health care streamlined.

Furthermore more problems arise with the administration of health care. The role of administrators is to keep hospitals afloat. However, this inadvertently results in a more quantitative approach to healthcare delivery, as opposed to qualitative one. In other words, there is currently a focus on efficiency and the number of patients a healthcare provider sees more so than the quality of care they receive.

In some medical facilities, this perspective stems from a lack of physicians and health care providers with empirical knowledge in places of power. This results in patients receiving less time with their health care providers, along with more expensive visits, treatments, procedures and medications. Currently, there is an effort to break down the barrier by putting people with hands-on experience, such as physicians, in positions of power. By doing so, the voices of those who actually provide care can be heard and the health care system can become more patient-centric.

Since insurance and administration consistently loom over medicine, there has been a general lack of autonomy for healthcare providers. Since there is a greater focus on efficiency, physicians work tirelessly to see the most patients possible, in order to maximize profits for the hospital or clinic they work at. This, supplemented with the pandemic, has augmented physician burnout, or the increased feelings of exhaustion, cynicism and detachment, to 64%, according to the American Academy of Family Physicians.

Furthermore, physicians are sometimes unable to provide the holistic care they desire due to time constraints. Some physicians and health care workers are taking matters into their own hands by becoming their own bosses. One such way is through direct primary care and concierge medicine. In these methods, physicians can work independent of insurance and provide personalized health care at a membership cost. This can be done through in-person visits or through telemedicine, allowing patients to

make appointments minutes before they desire to meet and in the convenience of their own home. All the while there are significantly less administrative responsibilities and constraints, which is beneficial for both physicians and their patients.

Similarly, the pandemic exposed the weaknesses in our corporate-driven health care system. Physicians who relied completely on the hospitals for employment were released due to a lack of patients, leaving them with no source of income, according to Shane Harris, Justin Sondel and Gregory S. Schnieder from The Washington Post. To survive the harsh environment during the pandemic, physicians have in turn opened up their own private practices. This essentially makes physicians their own bosses, and prevents them from unnecessary administrative oversight, pressures and costs.

Health care providers can gain insight into the various health care model options while they are training. By becoming more knowledgeable about the business model that best suits them—be it opening their own private direct primary care or traditional practice—they can avoid the red tape associated with the field and therefore thrive as professionals. Most importantly, patients are provided with personalized medical care and accessible options.

