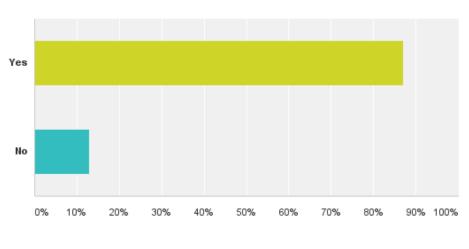


At the end of 2016, in anticipation of healthcare discussions, the Alliance of Specialty Medicine began work on a survey of 1,000 of its provider members to quantify some of the issues that specialty physicians are facing in insurance markets. Highlights are below.

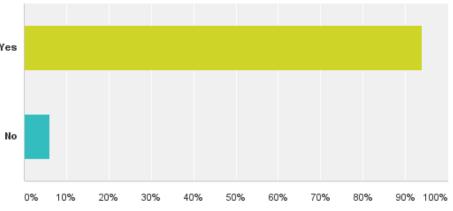
Have you delayed or avoided prescribing a treatment due to the prior authorization process associated with it?



"I have patients that have been hospitalized and almost died due to the delays imposed by prior authorizations and inexperienced unknowledgeable "physicians" [...] making decisions on complex rheumatologic treatments being given to seriously ill rheumatology patients - this is shameful, if not criminal."

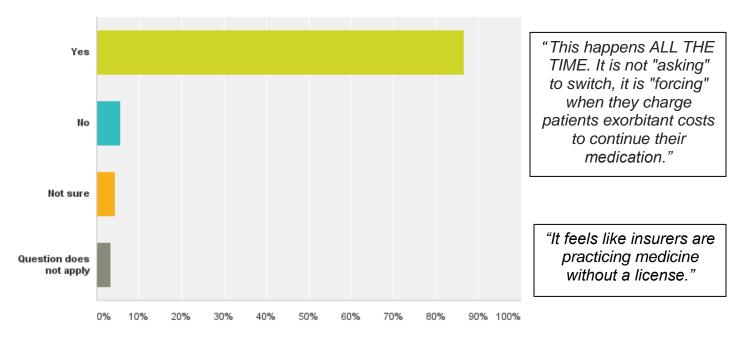
"Never have I spent more time on administrative issues that do nothing but delay appropriate diagnostic and therapeutic intervention."
"Patient with spinal tumor and cord compression was denied [for surgery], because we did not try Physical Therapy."

Have increased administrative burdens by insurers influenced your ability to practice medicine?



"I practice neurosurgery at a Level 1 Trauma and Comprehensive Stroke Center. It is common for some insurers to refuse to pay for emergency care without prior authorization, even when it was a matter of life or death (accident, gunshot wound, hemorrhagic stroke, hydrocephalus, etc.)."

In the past five years, have you experienced an occasion during which a stable patient was asked to switch from his/her medication by the insurer even though there was no medical reason to do so?



How likely are you to end your participation with any insurers due to the issues discussed in this survey?

