



Pennsylvania
MEDICAL SOCIETY®

ADVOCATE. EDUCATE. NAVIGATE.

**Pa. House Health Committee Hearing
Room 140, Main Capitol Building**

Mar. 12, 2019

**Testimony from the Pennsylvania Medical Society
Presented by Danae Powers, MD**

Good morning Chairwoman Rapp, Chairman Frankel, and members of the House Health Committee.

I am Danae Powers, MD, President of the Pennsylvania Medical Society. I want to thank you for the opportunity to share with you, and your fellow colleagues, our thoughts on improving the physician workforce here in the Commonwealth.

As you may already be aware, the pathway to becoming a physician is arduous. At a minimum, students wishing to become physicians spend 11 years in college, medical school, and residency training programs preparing to independently diagnose and treat disease. For some specialties like pediatric neurosurgery, interventional cardiology, or cardiothoracic surgery, the commitment can be as long as 17 years. Our brightest students here in Pennsylvania are fortunate to be able to do much, if not all, of their medical education and training right here in the Commonwealth at some of the finest medical institutions in the world. In fact, students around the world come to Pennsylvania for that express purpose. What doesn't make sense is why we lose some of these young physicians to other states around the country.

Unfortunately, there isn't one easy answer to that question. However, I hope you'll indulge me as I share with you a few of my thoughts as to how we could make practicing medicine in our state more attractive to young physicians and more tolerable for those currently providing care across the Commonwealth.

I believe the single most important thing you as legislators can do to improve the physician workforce in Pennsylvania is to recognize the factors that lead to “physician burnout” and work to resolve them...or at the very least, lessen their impact.

The term “physician burnout” is relatively new. Today, it’s discussed daily among physicians. Physician burnout, and its contributing components, has unfortunately become part of the vernacular of practicing medicine. Some of the factors contributing to physician burnout include increasing bureaucratic tasks and regulations, time constraints, restrictive contracts, and the endless battle with health insurers on behalf of our patients...just to name a few. Heightened scrutiny of physician practices, especially related to opioid prescribing, has prompted an increasing number of my colleagues to change their practice models...which could compromise patient care. And of course, with the soaring cost of medical education, trying to tackle student debt...often approaching \$300,000...is yet another stressor to add to the mix.

Given these factors, along with work weeks that typically reach 60 hours...or more, it’s no wonder physicians are frustrated. When I began medical school, the only physicians that I ever recall retiring were surgeons who were no longer able to endure long hours in the OR. Other physicians routinely worked well into their 70’s, if not longer. Today, as a result of physician burnout, we are seeing some physicians retire in their early 50’s. Another alarming trend is the rate of physician suicide. Studies have shown that physicians face higher rates of suicide than any other profession. The American Medical Association is expected to release a report on this topic at their annual meeting in June.

If you have accessed the healthcare system in the last few years you have surely noticed that physicians spend a lot of time at a computer terminal typing notes and clicking buttons as you discuss your health concerns. While the importance of accurately documenting a patient’s medical history should never diminish, the use of technology (coupled with excessive government regulations) has diverted a physician’s attention away from patient care and onto a computer screen.

Physicians seem to be losing the opportunity to hold a patient’s hand and comfort them as they together discuss a diagnosis, treatment plan, or long-term prognosis...a ritual that is at the very heart of the physician-patient relationship. I would encourage each of you to take a few minutes to watch Abraham Verghese’s TED Talk on “A Doctor’s Touch”. Dr. Verghese is a physician who practices and teaches at Stanford. It’s a fascinating 17 minutes that speaks to the way medicine and patient care is evolving.

Every time we enter an exam room, we are faced with two challenges. The first, and most important, is to help the patient. That’s often the easiest part of the encounter and the one that gives physicians immense satisfaction. The second challenge is more daunting...doing battle with health insurers.

Will the insurer allow me, who is examining the patient, to order a test, procedure, or treatment protocol that is best for my patient?

Will my clinical judgement be questioned by the insurer's third-party reviewer, who is not a physician?

Will the insurer force my patient to use a less effective treatment or medication?

When a neurosurgeon, for example, requests a "peer to peer" consultation with an insurer because the approval for a laminectomy and spinal fusion was declined, will the "peer" be an actively practicing neurosurgeon or a retired pediatrician?

While many of the laws and regulations governing medical practice are well intentioned, they can negatively impact patient care. As for health insurers, I believe their role in the healthcare space has evolved far beyond their intended purpose of insuring against the risk of those incurring medical expenses. Instead, health insurers routinely dictate seemingly everything we do from what we have in our exam rooms to how we treat our patients through either the approval or denial of clinically appropriate treatments, procedures, or medications.

When policymakers want to attract new businesses to their state, they offer incentives such as tax abatements and other financial enticements. They tout their state's infrastructure and the quality of its workforce. They boast about their state's natural resources and leisure opportunities. Just look at what recently transpired with Amazon's announcement to open a second headquarter...Governors across the country scrambled to offer Amazon the "best deal."

We have 10 medical schools here in Pennsylvania. I would submit that we educate and train more physicians than any other state in the country. Our hospitals are world class, attracting patients from around the globe.

I encourage you to capitalize on the "medical infrastructure" that exists here in Pennsylvania.

I encourage you to take a "deep dive" into what happens behind the scenes in physician offices, hospitals, and operating rooms before passing legislation governing the same.

I encourage you to support legislative proposals that seek to return clinical autonomy to physicians so that we can do what's right for patients, not what's in the best interest of insurers.

Lastly, I encourage you to spend time with your local physician constituents to better understand some of the barriers that make practicing medicine difficult. Of course, those same encounters will help us better understand your challenges.

Pennsylvania's physicians, your constituents, do some amazing things in the field of medicine. We should be an incubator of advancements in medical technology, cutting-edge procedures, and new and exciting medications. While enhancing workforce development in the medical arena may seem daunting, the Pennsylvania Medical Society is more than happy to work hand-in-hand with you to effect positive change.

Thank you.