**“Anthem is choosing profit over patients”**

By [SIGNATORY]

Radiology care is a vital to medical diagnosis and treatment and could mean the difference between life and death. Unfortunately, Anthem Blue Cross & Blue Shield is using this essential medical service as a tool for negotiations with hospitals to pad their bottom line.

The insurer has recently implemented a policy requiring a pre-authorization for all advanced diagnostic imaging at hospitals. Patients in Colorado, Georgia, Indiana, Kentucky, Missouri, Nevada, New York, Ohio, and Wisconsin have already felt the impact. Unfortunately, the same policy will go into effect on January 1 in California with patients in Connecticut, Maine and Virginia being impacted on March 1, 2018. The intent of this policy is to force patients into receiving services like CT and MRI scans at independent imaging centers, in order to reduce costs. But the consequences of this cost-minded policy will severely impact patient care.

Imaging services are not just a commodity that can go to the lowest bidder. Anthem’s economically-motivated “steerage” policy forces patients to weigh cost over the best care options for their health. This solely cost-based determination of care ignores several important factors; among them are the options for efficient transferability of patients’ medical records.

Anthem’s policy compromises the physician-patient relationship, and lets benefits management firms make decisions that should ultimately be made by treating physicians, their radiologist partners, and patients. Limiting patient options for imaging settings may produce an influx of patients steered to staff-and/or equipment-strapped facilities, further exacerbating scheduling issues and extending delays, which is particularly harmful for patients with complex medical conditions. Furthermore, Anthem’s third-party reviewers with no prior clinical relationship with the patient will be financially incentivized by Anthem to deny imaging in the hospital outpatient setting, and will have no regard for the unique complexities of a patient’s particular case.

All in all, Anthem’s policy introduces another nontransparent preauthorization process and more hospital bureaucratic red-tape that may delay or deny patient care.

Please focus on a few of the following additional arguments in this section of the op-ed:

1. *The policy may increase wait times for appointments. This will especially hurt patients with complex medical conditions*
2. *Inner-city and rural patients are most affected since a hospital outpatient setting may be the only immediate access to care*
3. *Patients may have to travel significant distances to alternate site*
4. *Many patients will not have the time to go to a second medical appointment to complete imaging, this barrier to care that will cause patients to skip necessary tests*
5. *Some groups of patients require continuity in their imaging and a change in location/facility may interrupt care and may disrupt proper medical follow up*
6. *Radiologists must be able to compare multiple images over time to make proper diagnoses and interoperability may or may not exist among various facilities*
7. *The 3rd party reviewer is financially incentivized to deny imaging services in a hospital setting*
8. *The policy will negatively impact medical school training programs. Radiologists are trained in hospitals and moving follow up to outpatient facilities may limit the next generation of radiologists from receiving the education they need*

Note: Focus on a specific patient scenario/clinical example that would be directly impacted by this policy

This policy, touted by Anthem as a way to solve for costs, directly hurts patients’ treatment and continuity of care. Patients may have to travel significant distances and spend precious time to find an approved site, and these various barriers to care may cause patients to skip necessary tests altogether. This discordant care strategy will lead to poor medical outcomes and ultimately, increased health care costs.

The policy entirely undermines one of the most valuable aspects of medical care: the physician-patient relationship. Physicians and the patients in their care must be the ultimate decision makers about optimal setting for receiving care. This egregious move makes patients and physicians pawns in insurance negotiations, not the drivers of their own health care decision making.

Anthem must be held accountable for choosing profits over patient care. State insurance commissioners and governors need to urgently review implementation of this policy in our state, and redact the policy before more patients’ lives come at risk.

*[ONE-SENTENCE SIGNATORY BIO]*