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Setting the Stage With Data:
AMA PA Physician Survey Results
2018 AMA PA Survey Overview

- 1000 practicing physician respondents
- 40% PCPs/60% specialists
- Web-based survey
- 29 questions
- Fielded in December 2018
Average PA Response Wait Time

Question: In the last week, how long on average did you and your staff need to wait for a PA decision from health plans?

- Under 1 hour: 5%
- A few hours: 12%
- More than a few hours but less than 1 business day: 11%
- 1 business day: 20%
- 2 business days: 19%
- 3-5 business days: 19%
- More than 5 business days: 7%
- Don't know: 7%

65% report waiting at least one business day
26% report waiting at least three business days

Source: 2018 AMA Prior Authorization Physician Survey
Care Delays Associated With PA

Question: For those patients whose treatment requires PA, how often does this process delay access to necessary care?

Source: 2018 AMA Prior Authorization Physician Survey
Total does not equal 100% due to rounding.
Treatment Abandonment Associated With PA

Question: How often do issues related to the PA process lead to patients abandoning their recommended course of treatment?

75% report that PA can lead to treatment abandonment.

Source: 2018 AMA Prior Authorization Physician Survey

Total does not equal 100% due to rounding.
Subtotal sums to 75% due to rounding.
Impact of PA on Clinical Outcomes

Question: For those patients whose treatment requires PA, what is your perception of the overall impact of this process on patient clinical outcomes?

- 91% Somewhat or significant POSITIVE impact
- 8% No impact
- 2% Significant or somewhat NEGATIVE impact

Source: 2018 AMA Prior Authorization Physician Survey
Total does not equal 100% due to rounding.
Serious Adverse Events Attributed to PA

Question: In your experience, has the PA process ever affected care delivery and led to a serious adverse event (e.g., death, hospitalization, disability/permanent bodily damage, or other life-threatening event) for a patient in your care?

28% of physicians report that PA has led to a serious adverse event for a patient in their care.
Physician Perspective on PA Burdens

Question: How would you describe the burden associated with PA in your practice?

- High or extremely high: 86%
- Neither high nor low: 12%
- Low or extremely low: 3%

Source: 2018 AMA Prior Authorization Physician Survey

Total does not equal 100% due to rounding.
Change in PA Burden Over the Last 5 Years

Question: How has the burden associated with PA changed over the last five years in your practice?

- 50% increased significantly
- 38% increased somewhat
- 10% no change
- 2% decreased somewhat or significantly

88% report PA burdens have increased over the last 5 years

Source: 2018 AMA Prior Authorization Physician Survey
Additional PA Practice Burden Findings

• **Volume**
  - 31 **average total PAs** per physician per week

• **Time**
  - Average of **14.9 hours (approximately two business days)** spent each week by the physician/staff to complete this PA workload

• **Practice resources**
  - 36% of physicians have staff who work exclusively on PA

Source: 2018 AMA Prior Authorization Physician Survey
The Human Face of PA: AMA Grassroots Campaign and Stories
AMA grassroots website: FixPriorAuth.org

Prior authorization hurts patients and physicians. It’s time to #FixPriorAuth.
Click below to discover how prior authorization affects you.

- Physician and patient tracks
- Social media campaign drives site traffic and conversation
- Call to action: Share your story
- Most impactful stories collected in site gallery

I am a patient

I am a physician
"My daughter had ALS. Her doctor ordered a PET scan of her brain. The appointment was set, medical transportation was set, co-pay paid. The day before the test the hospital called to say the prior authorization had not been received. My daughter passed away the day before we were supposed to go for the rescheduled test." - Kathy M.

"Really, my doctor wanted me to do hormone shots with my chemo but [the insurer] refused, so we had to go on a hormone pill instead. Took 3 weeks to get my chemo pill approved... the shots probably would have been more potent." - Dawn C.

"I work with a surgeon, treating breast cancer patients as the majority of our patients. I recently spent over 10 hours trying to get a patient's surgery authorized." - Kathy D.

"I am an ED RN. I frequently see patients who have seen their family doctor and have a CT ordered. The insurance company hasn't authorized them yet so they come to the ED to get a CT...so they can get the test in a timely manner." - Beverly Kay W.

"I have had to make multiple calls and wait as long as 2 weeks trying to obtain authorization for an MRI when there were abnormal mammogram or pelvic sono results. The patients become increasingly anxious about their condition and sometimes angry at me because they think I'm either withholding care or not concerned about their needs." - Dr. Nina S.

"I have a patient with a crush injury to his foot who waited 2 months for appropriate imaging studies and then SIX months for approval to operate. Tell me our system is the best. Please. I have many examples. Everyday." - Dr. Vito R.

"The insurance company would not cover the prescription until I tried three other medications...48 weeks of trying medications we already knew would not work, before I could hope to get the medication we already knew did work...Without an effective treatment, I am at increased risk of several problems, including esophageal cancer." - Lyle S.
“I have often thought, in retrospect, after my son passed away, if the scans had been done on time, maybe it would have been caught sooner. Possibly, it could have saved his life.”

- Linda Haller, Maryland
“About three years ago, my husband changed jobs and insurances...I was already on medicine and had to wait for my refill. But I couldn’t get them without the prior authorization process...I missed doses...I felt like everything broke down.”

- Candace Myers, Georgia
“If I had to wait until the insurance company actually gave their approval, I may have been in a position where any oncologist would have said, ‘No, there’s nothing we can do for you now.’”

- Kathryn Johanessen, Connecticut
PA Reform Initiatives: Principles and Consensus Statement
Prior Authorization and Utilization Management Reform Principles

• Released in **January 2017** by coalition of AMA and 16 other organizations

• Underlying assumption: utilization management will continue to be used for the foreseeable future

• Sound, common-sense concepts

• 21 principles grouped in 5 broad categories:
  • Clinical validity
  • Continuity of care
  • Transparency and fairness
  • Timely access and administrative efficiency
  • Alternatives and exemptions

Consensus Statement on Improving the Prior Authorization Process

- Released in January 2018 by the AMA, American Hospital Association, America’s Health Insurance Plans, American Pharmacists Association, Blue Cross Blue Shield Association, and Medical Group Management Association

- Five “buckets” addressed:
  - Selective application of PA
  - PA program review and volume adjustment
  - Transparency and communication regarding PA
  - Continuity of patient care
  - Automation to improve transparency and efficiency

- **GOAL:** Promote safe, timely, and affordable access to evidence-based care for patients; enhance efficiency; and reduce administrative burdens


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Measuring Progress:
So . . . How Are We Doing?
Q: How difficult is it for you and/or your staff to determine whether a prescription medication or medical service requires prior authorization?

Almost seven in 10 (69%) physicians report that it is difficult to determine whether a prescription or medical service requires PA.

Source: 2018 AMA Prior Authorization Physician Survey
Automation to Improve Transparency and Efficiency

• Physicians report **phone and fax** as the most commonly used methods for completing PAs. Moreover, only **21%** of physicians report that their EHR* system offers electronic PA for prescription medications.

<table>
<thead>
<tr>
<th>Method</th>
<th>Prescription PAs (% use always or often)</th>
<th>Medical service PAs (% use always or often)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>60%</td>
<td>61%</td>
</tr>
<tr>
<td>Fax</td>
<td>46%</td>
<td>47%</td>
</tr>
<tr>
<td>EHR/PMS*</td>
<td>40%</td>
<td>23%</td>
</tr>
<tr>
<td>Plan portal</td>
<td>31%</td>
<td>27%</td>
</tr>
<tr>
<td>Email or U.S. mail</td>
<td>15%</td>
<td>17%</td>
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</tbody>
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Q: Please indicate how often you and/or your staff use each of the following methods to complete PAs for prescription medications/medical services.

*EHR = electronic health record; PMS = practice management system.
Source: 2018 AMA Prior Authorization Physician Survey
A strong majority (88% and 86%,* respectively) of physicians report that the number of PAs required for prescription medications and medical services has increased over the last five years.

* Subtotal sums to 86% due to rounding.
† Total does not sum to 100% due to rounding.

Q: How has the number of PAs required for prescription medications/medical services used in your patients’ treatment changed over the last five years?
Selective Application of PA

Only 8% of physicians report contracting with health plans that offer programs that exempt providers from PA.

Q: Do any of the health plans with which you contract offer programs that exempt physicians from PA requirements?

Source: 2018 AMA Prior Authorization Physician Survey
An overwhelming majority (85%) of physicians report that PA interferes with continuity of care.

Q: How often does the prior authorization process interfere with the continuity of ongoing care (e.g. missed doses, interruptions in chronic treatment)?

Source: 2018 AMA Prior Authorization Physician Survey
Contact Us

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• Access our resources at:
  
  www.ama-assn.org/prior-auth
  
  https://fixpriorauth.org/