



Considerations for Improving Prior Authorization

Why develop considerations for Prior Authorization?

- The prior authorization process **has proved burdensome for healthcare professionals** (clinicians, nurses, physicians, and others who provide care directly to patients) and can result in **delayed or denied patient care**.
- These delays may result in **patients abandoning care and/or a significant negative impact on patients' clinical outcomes**.



PA Impacts on Physicians

- 86% of physicians say that **PA is a “high or extremely high” burden**
- 88% of physicians report that **PA burdens have increased**
- Physicians spend on average **14.6 hours on PA every week**



PA Impacts on Patients

- 26% of patients report **waiting at least 3 business days**
- 91% of patients report **PA delays care**
- 75% of patients report that issues with PA can **lead them to abandon treatment**



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% reported PA led to a serious adverse event



Executive Workshops for the Considerations for Improving Prior Authorization

- In 2018 and 2019, eHealth Initiative (eHI) convened a series of prior authorization workshops with representatives from key stakeholder organizations across healthcare.
- The goal of the workshops was **to establish a set of recommended practices to help improve the current prior authorization environment** and to respond to the widespread challenges and dissatisfaction healthcare professionals have with prior authorization



Purpose of Collaborative

- Focus on improving, reforming, and streamlining the prior authorization process
- Aim to leverage technology and gain access to clinical guidelines and payer rules at the point of care to request and execute prior authorization
- Reduce physician burden, improve clinical outcomes, and increase patient satisfaction



Outline concepts to achieve meaningful improvements in the prior authorization process in *Considerations for Improving Prior Authorization*



Participants in Collaborative

- American Academy of Family Physicians (AAFP)
- America’s Health Insurance Plans (AHIP)
- American College of Cardiology (ACC)
- American College of Radiology (ACR)
- American Heart Association (AHA)
- Automated Clinical Guidelines
- Council for Affordable Quality Healthcare (CAQH)
- Change Healthcare
- Delaware Health Information Network (DHIN)
- DirectTrust
- eHealth Initiative Foundation
- EnableCare, LLC
- eviCore Healthcare
- GE Healthcare
- Haven Health Solutions
- Highmark
- Health Level Seven International (HL7)
- Kaiser Permanente
- Marshfield Clinic
- Medical Society of Delaware
- Medical Group Management Association (MGMA)
- National Alliance of Healthcare Purchaser Coalitions
- Office of the National Coordinator for Health Information Technology (ONC)
- Point of Care Partners
- Stratametrics, LLC
- UnitedHealthcare
- Virence Health
- Workgroup for Electronic Data Interchange (WEDI)



#1- Transparency of Payer Policy & Guidelines

Transparency of payer policy and evidence-based clinical guidelines available at the point of care will, in many cases, reduce the need for prior authorization and minimize care delays.





What It Means

- Eligibility, benefits coverage, clinical guidelines, payer documentation requirements, and patient financial responsibility at the point of care would facilitate appropriate decisions
- Need to integrate evidence-based clinical guidelines within electronic health records (EHRs), so healthcare professionals order tests concordant with the published guidelines.
- Example: American College of Radiology, American College of Cardiology, and other physician-led organizations have published evidence-based guidelines to help determine appropriateness. The consultation of Appropriate Use Criteria (AUC), even when unneeded for coverage and if no procedure/treatment is performed, should be documented for system analysis and improvement when it is performed.



Other Points

- Integrating medical and pharmacy benefits information would improve the transparency –separate now
- Any potential out-of-pocket costs for patient should be included at the point of care.



#2- Opportunities to Reduce or Eliminate PA

Reducing the overall volume of services and drugs requiring prior authorization could decrease administrative burdens and costs for all stakeholders.



What It Means

As long as care continues to be consistent with evidence and the person's insurance coverage, prior authorization may not be needed :

- Patients who are taking medications chronically
- Patients undergoing repeat procedures and deemed by their healthcare professional to be medically stable
- Medications and procedures with low denial rates
- Healthcare professionals who historically meet prior authorization criteria regularly (sometimes referred to as “gold carding”) with monitoring for continued qualification
- Healthcare professionals who are participating in risk-based payment contracts



#3 – Integrate Guidelines & Standards into PA Systems/ EHR

Payers, healthcare professionals, and vendors should use existing, industry-endorsed standards whenever possible and explore incorporating new electronic standards that have the capability to improve the prior authorization process.

Existing Standards:

- HL7 V2.x, V3, CCD
- DIRECT Messaging
- EDI (x12 278)

Emerging Standards:

- HL7 FHIR
- SMART (on FHIR)
- CDS Hooks



#4 – Bundled Authorizations

Payers and healthcare professionals should explore alternative payment models that **promote bundled authorization** for procedures, medications, and durable medical equipment that are associated with a particular episode of care.



Why?

- Bundled authorizations could reduce the volume and burden of prior authorizations.
- Bundled authorizations may require payers and pharmacy benefit managers to coordinate their approval processes to minimize the administrative burden to ordering providers.



Many Thanks!



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