# The Impact of Prior Authorizations:
## A stakeholder informed in-practice study

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**AAFP national research network**

## INTRODUCTION

- Prior authorization is the process by which physicians must obtain advance approval from a health plan before delivery of a procedure, device, supply, or medication for insurance to cover the cost for that service. Health plans use prior authorization to ensure best practices, avoid duplicative services and reduce ineffective, expensive services. Administrative tasks related to obtaining prior authorization for clinical services have been documented to interfere with clinical workflows, increase burnout among physicians and clinical team members, and disrupt quality of care. Additionally, patients are often subject to treatment delays and may abandon critical aspects of their treatment due to these delays.
- To better understand and quantify the burden of prior authorizations on primary care the American Academy of Family Physicians (AAFP) Division of Practice Advancement (DPA) and AAFP National Research Network (NRN) collaborated to design an in-practice study that tracks activities and tasks for practices related to obtaining prior authorizations as well as illuminating patients' lived experience with prior authorizations.

## METHODS

- **Study Design**: Mixed-methods, in-practice study collecting data about prior authorization processes and workflows from clinical staff.
- **Setting**: Six primary care practices recruited from the AAFP NRN.
- **Dataset**: Data collected about prior authorizations submitted at participating practices throughout a 1-month observation period. Participating staff also completed baseline and post-observation surveys. Practices identified patients affected by prior authorizations to complete interviews with study team.
- **Outcome Measures**: Summary and descriptive statistics regarding tasks, roles, and activities undertaken by practice staff when submitting prior authorizations and following through to decision.
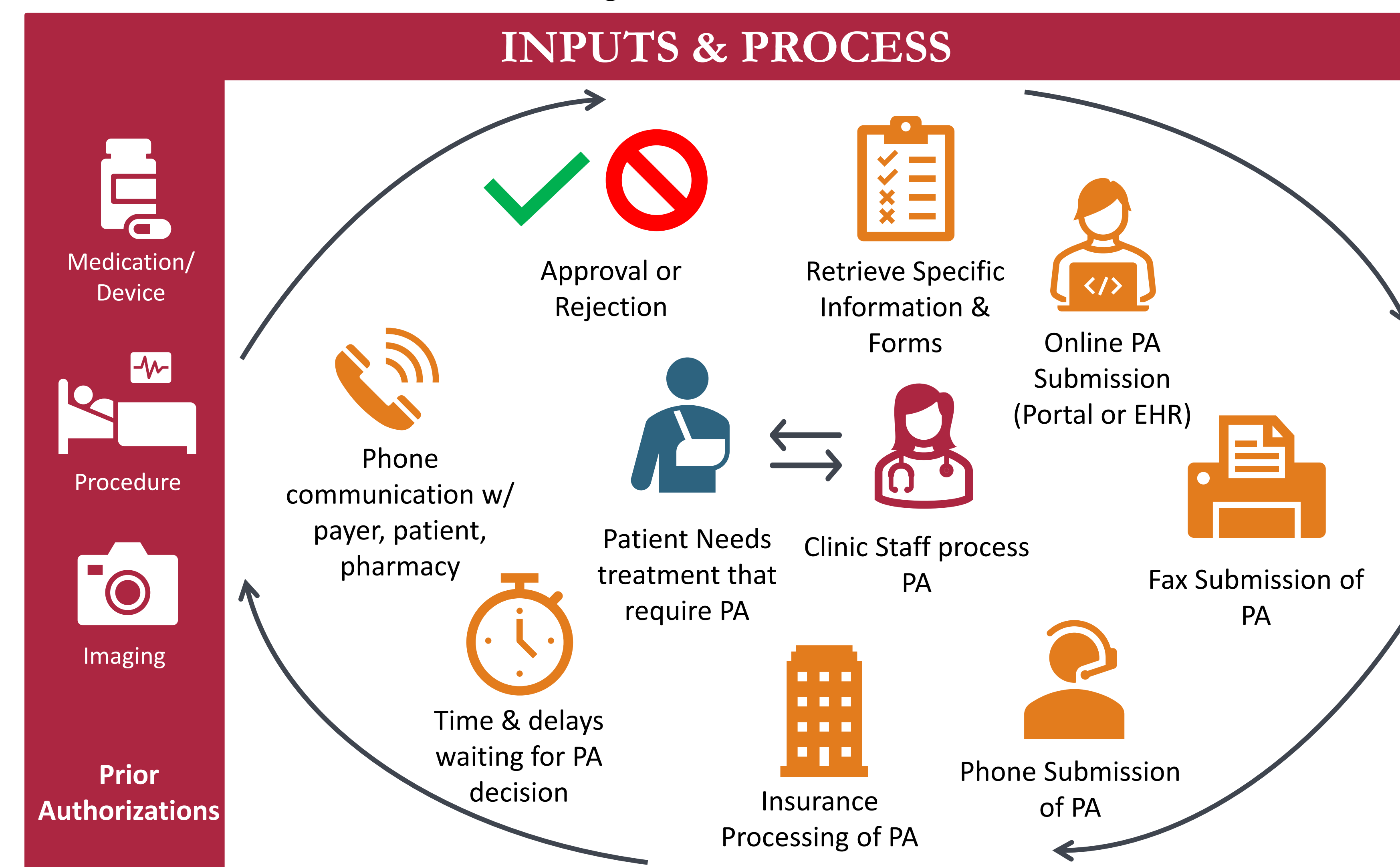
## RESULTS

- Results: Data collected on prior authorizations submitted will include: types and numbers of prior authorizations submitted, methods of submission, titles and roles of individual completing prior authorization tasks, approval rates, outcomes, total staff time spent on tasks, total practice wait time, and cumulative time spent on each prior authorization. Plus, qualitative interviews with patients.

## AAFP COMMITMENT

*"The American Academy of Family Physicians (AAFP) believes prior authorizations should be standardized and universally electronic throughout the industry to promote conformity and reduce administrative burdens. Prior authorizations create significant barriers for family physicians to deliver timely and evidenced-based care to patients by delaying the start or continuation of necessary treatment. The very manual, time-consuming processes used in prior authorization programs burden family physicians, divert valuable resources away from direct patient care, and can inadvertently lead to negative patient outcomes."*

## THE PRIOR AUTHORIZATION PROCESS



Figure 1. PA Process & Outcomes

### INPUTS & PROCESS

Medication/Device · Procedure · Imaging · Prior Authorizations

Approval or Rejection · Retrieve Specific Information & Forms · Online PA Submission (Portal or EHR) · Phone communication w/ payer, patient, pharmacy · Patient Needs treatment that require PA · Clinic Staff process PA · Fax Submission of PA · Time & delays waiting for PA decision · Insurance Processing of PA · Phone Submission of PA

### OUTCOMES

Approval · Rejection · Time & Delays · Additional communication w/ payer, patient, pharmacy · Staff Resources · Additional Submission · Worsening Health Condition & Abandoning Treatment · Approval or Rejection
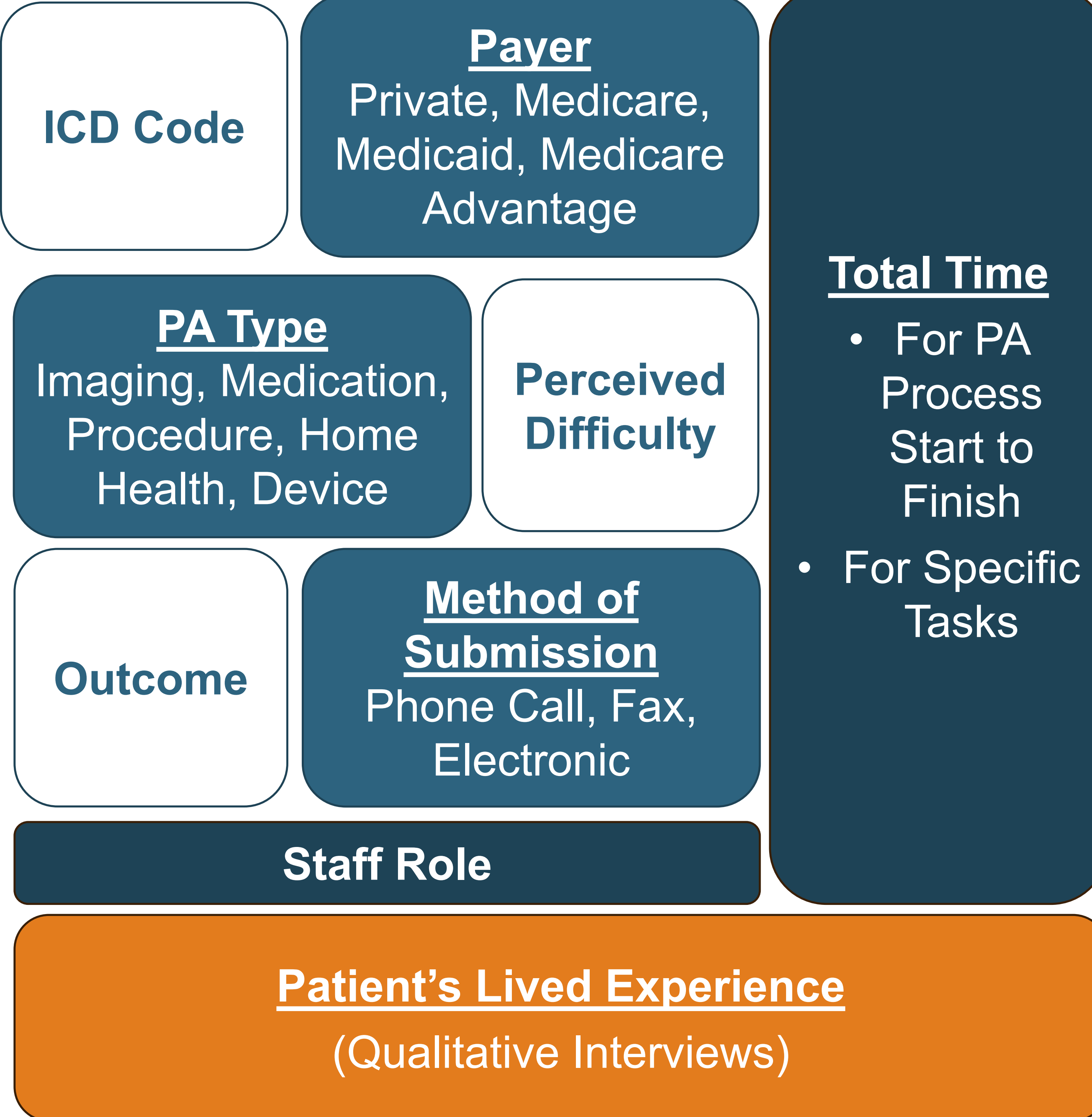
## STAKEHOLDER INFORMED



Figure 2. Patient, Physician, Care Team, AAFP Engagement Process

**Study Design Informed by Advisory Panel**

- **2 Physicians** (One solo-physician, One Medium-Sized Clinic Director)
- **2 RN's** (One from a solo clinic, One from a large health system)
- **2 Patients** (both with lived PA experience)

## WHAT WE ARE MEASURING

Figure 3. Outcome Measures

- ICD Code
- **Payer** Private, Medicare, Medicaid, Medicare Advantage
- **PA Type** Imaging, Medication, Procedure, Home Health, Device
- **Perceived Difficulty**
- Outcome
- **Method of Submission** Phone Call, Fax, Electronic
- Staff Role
- **Total Time**
  - For PA Process Start to Finish
  - For Specific Tasks

**Patient's Lived Experience** (Qualitative Interviews)

**Data Collection to be Completed by Nov. 2021**