

AMA survey: 28% of physicians say prior authorizations led to serious adverse events

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Every week a medical practice completes an average of 31 prior authorization requirements per physician, according to the AMA.

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Prior authorizations are hazardous to patients' health, according to more than one-quarter of physicians.

In a survey (PDF) by the American Medical Association, 28% of 1,000 responding physicians said the prior authorization process required by health insurers for certain drugs, tests and treatments have led to serious or life-threatening adverse events for patients.

The survey specifically asked doctors if the prior authorization process ever affected care delivery and led to a serious adverse event, such as a death, hospitalization, disability or permanent bodily damage or other life-threatening event for a patient in their care.

The AMA surveyed the sample of practicing physicians, which included 40% primary care physicians and 60% specialists, online in December.

“The AMA survey continues to illustrate that poorly designed, opaque prior authorization programs can pose an unreasonable and costly administrative obstacle to patient-centered care,” AMA Chair Jack Resneck, Jr., M.D., said in an AMA announcement releasing the survey results.

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“The time is now for insurance companies to work with physicians, not against us, to improve and streamline the prior authorization process so that patients are ensured timely access to the evidence-based, quality healthcare they need,” Resneck said.

The AMA said that despite widespread calls to reform the prior authorization process, the survey illustrates that existing processes remain costly, inefficient, opaque and hazardous in some cases.

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In response to the survey, America's Health Insurance Plans (AHIP) defended the use of prior authorizations and said it is working with the AMA and other physician groups to improve the process.

Last January, six leading health industry groups, including the AMA and AHIP, released a consensus statement outlining steps for improvement.

“We recognize that the processes can be improved. That’s why we are working with doctors to improve them. For example, in value-based arrangements, plans work with doctors and healthcare systems continually to ensure we’re using the best processes to ensure the most effective care for the patient,” AHIP said in a statement emailed to Fierce Healthcare.

The group said it is working with its members to launch demonstration projects for scalable approaches, using new technology to automate and streamline prior authorization to improve integration with provider workflow. Among all managed care, the percentage of covered services, procedures and treatments that require prior authorization is relatively small, less than 15%. That means 85% do not require prior authorization, AHIP noted.

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Prior authorizations can help protect patients by ensuring treatment is safe, medically necessary and appropriate, the group said. “But when it comes to prioritizing patient safety over convenience for the clinician, patient safety must be first and foremost. There is work to be done—and we need partnership and collaboration with providers to move forward and truly improve care for patients,” AHIP said.

Through the survey, however, physicians expressed their concerns about the impact of prior authorizations, including:

- More than 9 in 10 physicians (91%) say that prior authorization programs have a negative impact on patient clinical outcomes.

- Nearly two-thirds of physicians (65%) report waiting at least one business day for prior authorization decisions from insurers—and more than one-quarter (26%) said they waited three business days or longer.
- More than 9 in 10 physicians (91%) said that the prior authorization process delays patient access to necessary care, and three-quarters of physicians (75%) report that prior authorization can at least sometimes lead to patients abandoning a recommended course of treatment.

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- A significant majority of physicians (86%) said the burdens associated with prior authorization were high or extremely high, and a clear majority of physicians (88%) believe burdens associated with prior authorization have increased during the past five years.
- Every week a medical practice completes an average of 31 prior authorization requirements per physician, which take the equivalent of nearly two business days (14.9 hours) of physician and staff time to complete.
- To keep up with the administrative burden, more than a third of physicians (36%) employ staff members who work exclusively on tasks associated with prior authorization.

While both sides said they are willing to work collaboratively to create a better process, doctors clearly remain frustrated.