Reducing the Barriers of Prior Authorization
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Ask any frontline physician about his or her biggest daily frustrations, and prior authorization will undoubtedly be near the top of every list. Strict or bureaucratic oversight programs for drug or medical treatments have delayed access to necessary care, wasted limited health care resources and antagonized patients and physicians alike.

The AMA has heard from overburdened physicians and issued a call to action: the time is now for prior authorization policies to be reshaped dramatically to ensure they are clinically valid, transparent, timely, efficient, flexible and standardized.

If you are like the physicians recently surveyed by the AMA, you and your hardworking staffers complete 37 prior-authorization requests each week. That is just one of the alarming results of an AMA survey that demonstrates the toll prior authorization is taking on patients, physicians and medical practices.

The AMA survey findings indicate there is a dramatic need to improve the patient experience while significantly reducing administrative burdens for physicians by reforming prior authorization programs. As a result, prior authorization reform has become a top advocacy priority, and we offer a clear path forward – a path forward that is already yielding results for patients and physicians.

An AMA-led coalition involving 16 other organizations representing physicians, hospitals, pharmacists, medical groups, and patients issued a comprehensive set of 21 principles designed to dramatically reshape the prior-authorization process. They encompass clinical validity, continuity of care, transparency and fairness, timely access and administrative efficiency, and alternatives and exemptions. Among other things, the coalition calls for an end to repeated prior authorization requirements for patients already stabilized on a medication for a chronic condition. The coalition also seeks industry-wide standardization of the prior authorization process through electronic transactions that are incorporated into electronic health record systems.

Since the release of the principles last January, more than 100 other organizations have signed on as supporters. The initial response of the payer community has been largely positive and reflected a receptive stance to discussing reform with physicians. Shortly after the release of the principles, both BlueCross BlueShield of Western New York and BlueShield of Northeastern New York announced that they were eliminating prior authorization requirements for over 200 medical services.

This is a big deal.

Handling all those requests translates into a “high” or “extremely high” burden for 75 percent of physician respondents. Only 6 percent described the burden as “low” or “extremely low.”

The time suck for medical practices is dreadful. The survey found that an average of 16.4 hours of physician and staff time each week is spent on completing prior authorization requirements to get patients the medicines, medical services or procedures they need.

On an annual basis, that is nearly 853 hours consumed by prior-authorization tasks. The time burden is so

great that about one-third of physicians have staff members who work exclusively on prior-authorization duties. Ninety percent of surveyed physicians reported that the prior authorization process delays patient access to necessary care.

Now we must build on the progress we have already made and push for meaningful change in these programs. Physicians can know that the AMA is advancing reforms and improving patient care by making a powerfully case for eliminating prior authorization programs that place cost savings ahead of optimal care.

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