

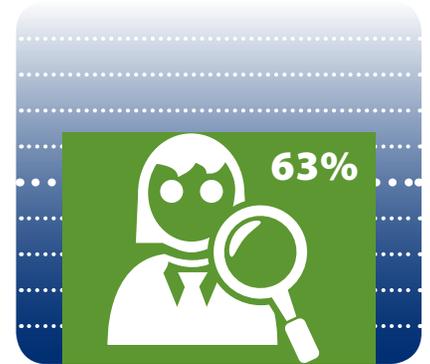
FIX PRIOR AUTHORIZATION

PROTECT PATIENT ACCESS TO LIFE SAVING CANCER TREATMENTS

IN THE 2019 ASTRO MEMBER SURVEY, BOTH ACADEMIC AND PRIVATE PRACTICE RADIATION ONCOLOGISTS NAMED **PRIOR AUTHORIZATION AS THE GREATEST CHALLENGE** FACING THE FIELD



44% OF RADIATION ONCOLOGISTS SAY THEY ARE TYPICALLY **REQUIRED TO SUBMIT PRIOR AUTHORIZATION REQUESTS**



63% OF RESPONDENTS HAVE HAD TO **HIRE NEW STAFF TO HANDLE** PRIOR AUTHORIZATION REQUESTS

9 IN 10 RADIATION ONCOLOGISTS REPORT PATIENT TREATMENT DELAYS **DUE TO PRIOR AUTHORIZATION ISSUES**



70% OF RADIATION ONCOLOGISTS REPORT THAT PATIENTS REGULARLY **EXPRESS CONCERN** TO THEM ABOUT **PRIOR AUTHORIZATION DELAYS**

44% OF RESPONDENTS STATED THAT PEER-TO-PEER REVIEWS **ARE NOT TYPICALLY PERFORMED BY A RADIATION ONCOLOGIST**



RADIATION ONCOLOGISTS REPORT **SPENDING INCREASINGLY MORE TIME ON PRIOR AUTHORIZATION REQUESTS AND APPEALING DENIALS** FOR LIFE SAVING TREATMENTS

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BACKGROUND

Prior authorization (PA) requires physicians to obtain approval from health insurance companies to prescribe a specific treatment, procedure or medication for patients. PA is used to minimize health care costs, but this can often be done at the expense of a patient's well-being. In instances where PA is required, insurance companies will only pay physicians if the medical care has been pre-approved by the insurance company or a benefit manager.

Radiation oncology and cancer patients have been particularly hard hit by this unnecessary burden and interference in care decisions. Congress must put an end to restrictive prior authorization practices, particularly those employed by Radiation Oncology Benefit Managers (ROBMs), that oversimplify the process of individual patient care management and abrogate the professional and personal judgments of physicians and patients.

- In a December 2018 American Medical Association survey, 1 in 4 doctors said prior authorization had led to an adverse event, and nearly all respondents said prior authorization had a negative clinical impact.
- Nearly two-thirds of radiation oncologists said the majority of denials they receive from prior authorization review are ultimately overturned on appeal. Delays in care due to prior authorization are the greatest challenge radiation oncologists say they face in providing needed treatment for their patients.
- Prior authorization negatively impacts patient outcomes by taking away physicians' time with their patients.
- Patients treated at rural and private practices are disproportionately burdened. These practices often have less staff to handle increased prior authorization requests, and radiation oncologists are forced to spend time on prior authorization paperwork that they could better spend on patient care.
- Radiation oncologists increasingly are restricted from exercising their clinical judgment in determining what is in the best interest of their patients; yet they are held accountable for treatment outcomes even in situations when care decisions have been taken out of their hands by ROBMs.
- The Office of the Inspector General of the Department of Health and Human Services has found that Medicare Advantage plans have been improperly denying "access to services and payment in an attempt to increase their profits."
- Radiation oncologists report spending more time on prior authorization requests and are required to submit duplicative work.
- Nearly all radiation oncologists (93%) report that their patients experience delays in care due to obstructive prior authorization practices, and nearly 3 in 10 physicians say the delays last longer than five days.

CONGRESSIONAL REQUEST

- **Legislation is needed to relieve radiation oncology patients and physicians of the serious stress, anxiety, burden and costs of restrictive prior authorization.**
- Require selective application of prior authorization that excludes providers that meet evidence-based guidelines and have historically high prior authorization approval rates.
- Recommend regular reviews of prior authorization programs and adjustments based on findings. A regular review of the list of medical services that are subject to prior authorization requirements can help identify therapies that are sound science and no longer warrant prior authorization.
- Ensure effective and timely two-way communication channels between health plans, health care providers and patients to ensure timely resolution of prior authorization requests to minimize care delays. Require health plans to clearly articulate and make fully transparent prior authorization requirements, criteria, rationale and program changes.
- Exempt services provided under an advanced alternative payment model from prior authorization requirements.
- **Contact the offices of Representatives Suzan DelBene (D-WA-1) and Mike Kelly (R-PA-16) to cosponsor forthcoming legislation to reform prior authorization.**