

# PRIOR AUTHORIZATION NEGATIVELY IMPACTS PATIENT OUTCOMES

## BACKGROUND

In the 2019 ASTRO membership survey, both academic and private practice radiation oncologists named prior authorization as the greatest challenge encumbering the field. Prior authorization is linked to negative and harmful patient outcomes. Each week of delay in initiating cancer therapy corresponds to a 1.2 to 3.2 percent increase in mortality (depending on cancer type), according to research from the Cleveland Clinic. In a December 2018 American Medical Association (AMA) survey, one in four doctors said prior authorization had led to an adverse event, and nearly all respondents said prior authorization had a negative clinical impact. People with cancer are facing unnecessary treatment delays as a result of this obstructive practice. Seven in 10 radiation oncologists say their patients express concerns to them about treatment delays.

## PHYSICIAN TESTIMONIALS ON THE NEGATIVE EFFECT OF PRIOR AUTHORIZATION IN CANCER CARE:

- ▶ Three patients in the last year [who] had prior authorization completed their care exactly as stated. *The authorization was later revoked, leaving the patient and their entire bill(s) unpaid.*
- ▶ Cervical cancer in a 32-year-old with symptoms. [Treatment] plan was initiated urgently due to bleeding. [Peer-to-peer] review took two weeks and final approval took four weeks. Meanwhile, *the patient continued under therapy with significant anxiety that her treatments were going to be denied by her insurance company.*
- ▶ For many of my patients the prior authorization process adds significant stress and concerns over financial liabilities associated with treatment. When an initial submission is denied or delayed, and a peer-to-peer consultation is requested, this adds to the stress level. *In these increasingly frequent instances, the authorization is not obtained for several days and can even exceed a week. Denials for a particular service are most traumatic experiences and I had several patients break down in tears fearing that they would now have to receive an inferior treatment.*
- ▶ In some situations, patients with severe acute problems such as obstructive tumors, painful tumors, rapid review still is multiple days. Certainly, this can lead to patients not overcoming a severe situation and [instead] dying from it. However, in addition, this can leave patients with very severe symptoms while waiting for their treatment authorization to occur. *The system is made to put off treatment for days at a time, which is very unfortunate. It is not right, it is inhumane.*
- ▶ Patients have experienced financial toxicity as treatments have been initiated [with] approval only to retroactively be rejected. Most frustrating is “peer-to-peer” by non-radiation oncologists who simply state, “The policy is to reject this,” with no ability to discuss the clinical case or provide medical judgement — *not a fair representation of what “peer-to-peer” should be.*
- ▶ This can be extremely negative from the psychological point of view. Patients are very anxious to get [treatment] started, and some have even had panic attacks during this process. *It places stress on [radiation oncologists] to get multiple plans done quickly – rushing an already complicated process.* There is no transparency or effective way to expedite treatment.