

Prior Authorization Obstacles to Cancer Patient Care

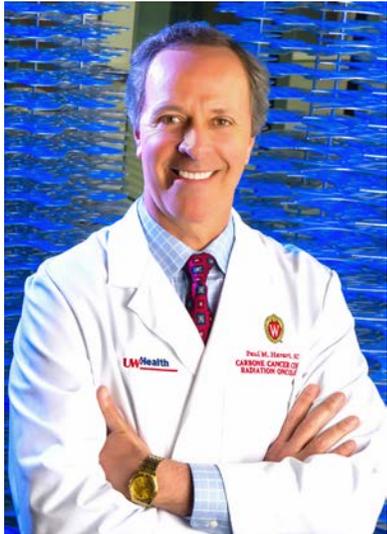
Press Briefing

Thursday, April 25, 2019

Featuring
experts from:



Today's Speakers



Paul Harari, MD

Chair, American Society
for Radiation Oncology
(ASTRO) Board of
Directors



Vivek Kavadi, MD

Vice Chair, ASTRO Payer
Relations
Subcommittee



Bruce A. Scott, MD

Vice Speaker, American
Medical Association
House of Delegates



**Shelley Fuld
Nasso, MPA**

CEO, National Coalition
for Cancer Survivorship

Prior Authorization Obstacles to Patient Care: An Overview

Dr. Paul Harari

Chair, American Society for Radiation Oncology
(ASTRO) Board of Directors



An Overview of Radiation Oncology

1.76 million
new cancer cases
estimated in 2019

Roughly **1 million**
will be **treated with**
radiation therapy

4K+

practicing
radiation
oncologists
in the US



In the most recent

ASTRO

member survey,
radiation oncologists said
prior authorization
is the #1 challenge
facing the field

Prior authorization **negatively impacts** **cancer patient outcomes.**

Life-threatening delays
in cancer treatment

Patient anxiety

Adverse events

Prior authorization **takes physicians away from caring for their patients.**

Greatest challenge facing radiation oncologists

Most denials are overturned

There is a **disproportionate burden on patients treated at private practices.**

Longer delays in securing decisions

Longer treatment delays

Prior Authorization Obstacles to Cancer Patient Care: Results of a New ASTRO Physician Survey

Dr. Vivek Kavadi

Vice Chair, ASTRO Payer Relations Subcommittee

Medical Director of Radiation Oncology, US Oncology



What is the purpose of prior authorization?

1. To be sure patients are getting the appropriate and most efficacious treatment for their conditions.

2. To be sure patients are being treated in the most efficient way possible when equivalent choices are available, and thus prevent overutilization of medical services.

Anything else is not being done for the patient's benefit.

ASTRO Physician Survey on Prior Authorization

Background

- “Getting prior authorization” rated the top challenge facing radiation oncologists in ASTRO’s most recent membership survey
- 9 in 10 find the process very challenging (42%) or moderately challenging (48%)

Methodology

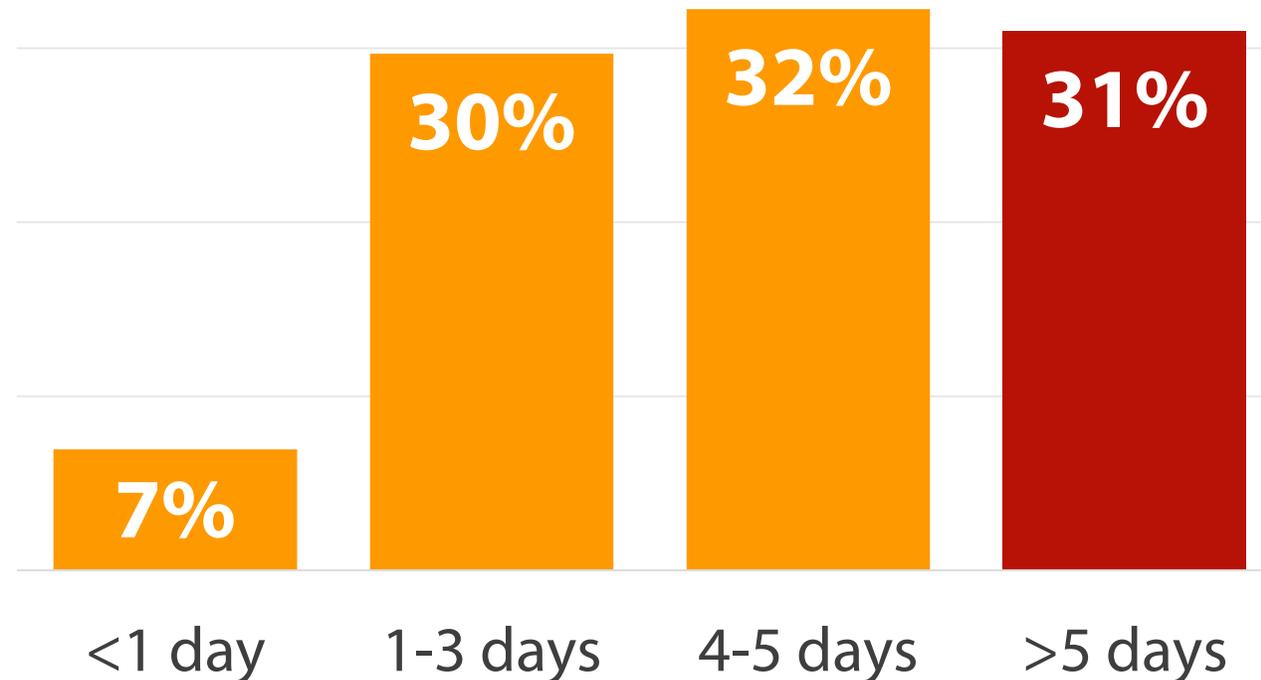
- Sent to all 3,882 radiation oncologists in ASTRO’s member database
- 673 responses
- Online survey collected 12/18-02/19; Paper survey collected 10/18

ASTRO Physician Survey on Prior Authorization

Respondent Demographics

- **Practice Type:** 56% private/community-based, 43% academic/university
- **Practice Location:** 67% hospital-based, 32% freestanding/satellite clinic-based
- **Community Type:** 45% practice in urban communities, 42% suburban, 13% rural

Prior authorization causes unnecessary and life-threatening treatment delays for cancer patients.



Average Delay in Radiation Therapy Due to Prior Authorization

Prior authorization causes unnecessary and life-threatening treatment delays for cancer patients.



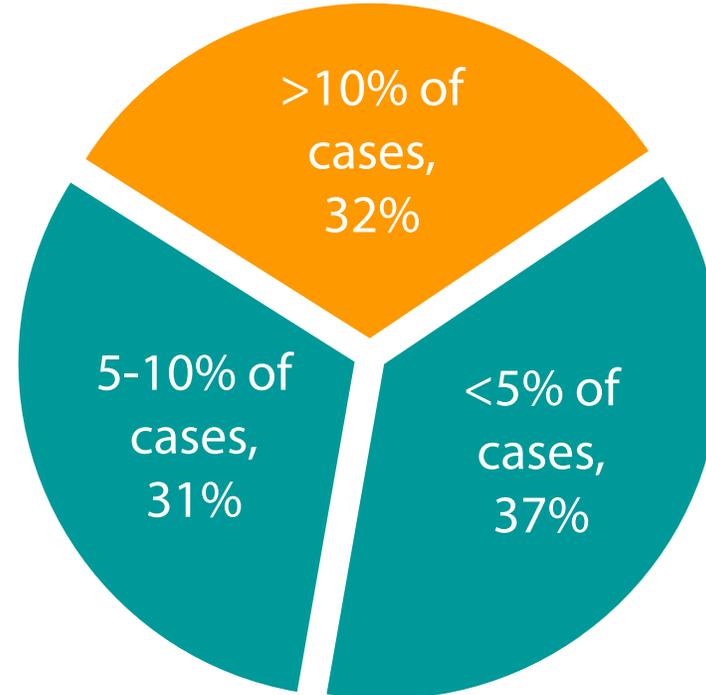
Prior authorization adds stress to patients already concerned about their health.

7 in 10

radiation oncologists said their **patients regularly express concern** to them about prior authorization delays

Prior authorization undermines physician and patient judgment.

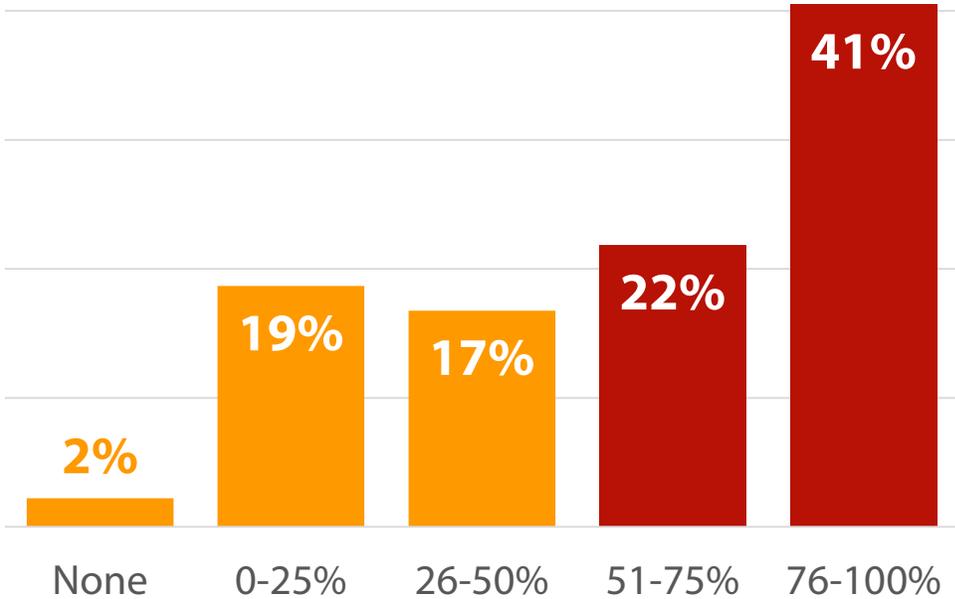
In what portion of cases do you utilize a different therapy due to prior authorization delays?



Prior authorization obstacles often are a waste of precious time.

Nearly 2/3 of radiation oncology denials are overturned on appeal.

What portion of your denied requests are approved upon appeal?



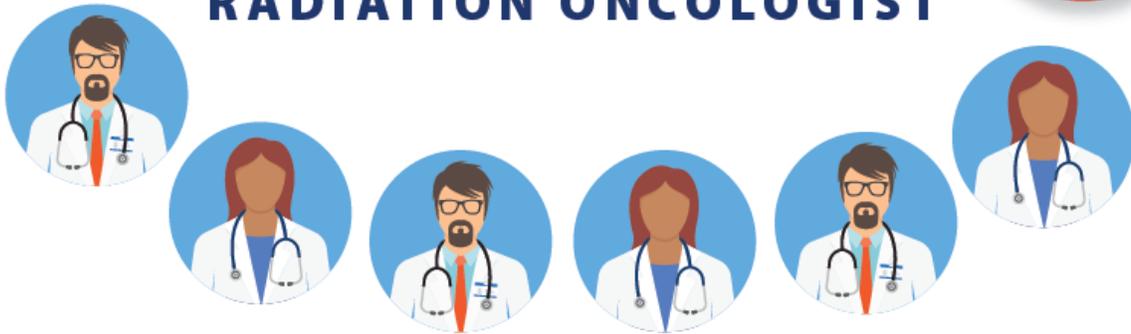
Prior authorization obstacles are a waste of precious time.

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

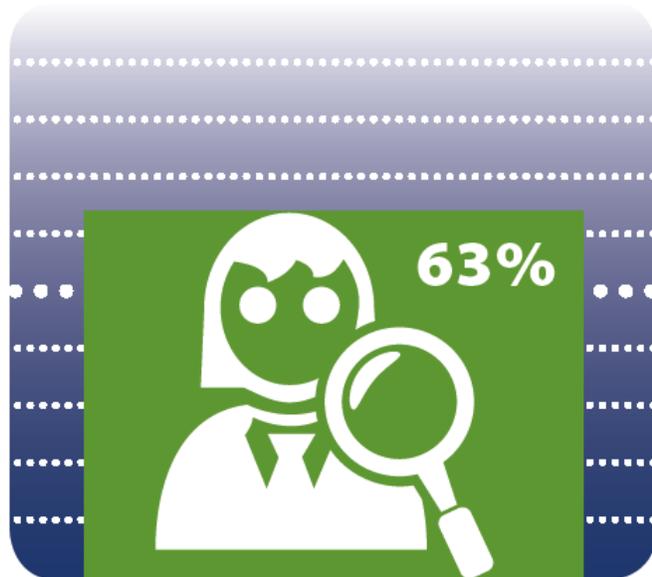


85%

of radiation oncologists were required to generate multiple treatment plans, wasting hours of the oncology team's time



Prior authorization obstacles are a waste of precious time.



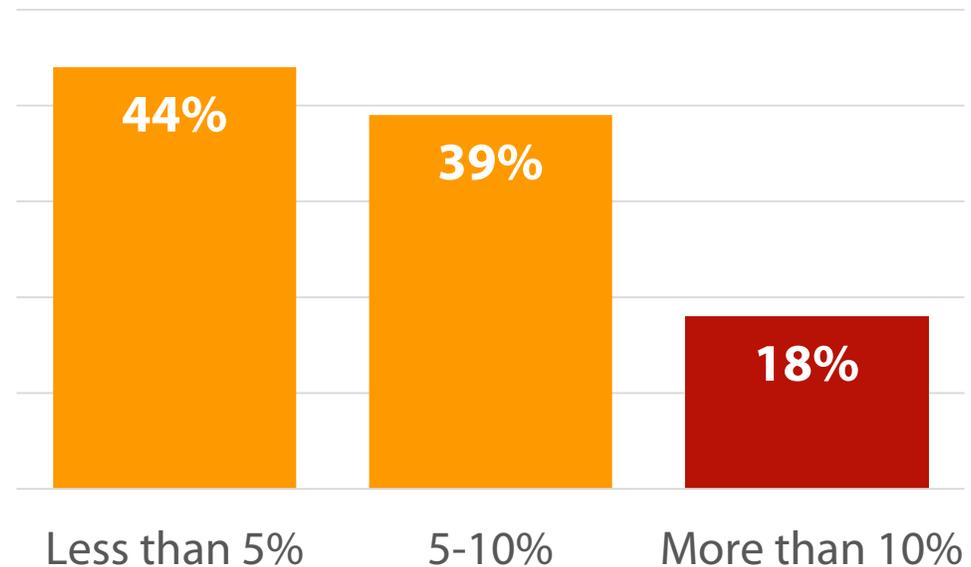
63% OF RESPONDENTS HAVE
HIRED NEW STAFF TO HANDLE
PRIOR AUTHORIZATION REQUESTS



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

Prior authorization takes physicians away from caring for their patients.

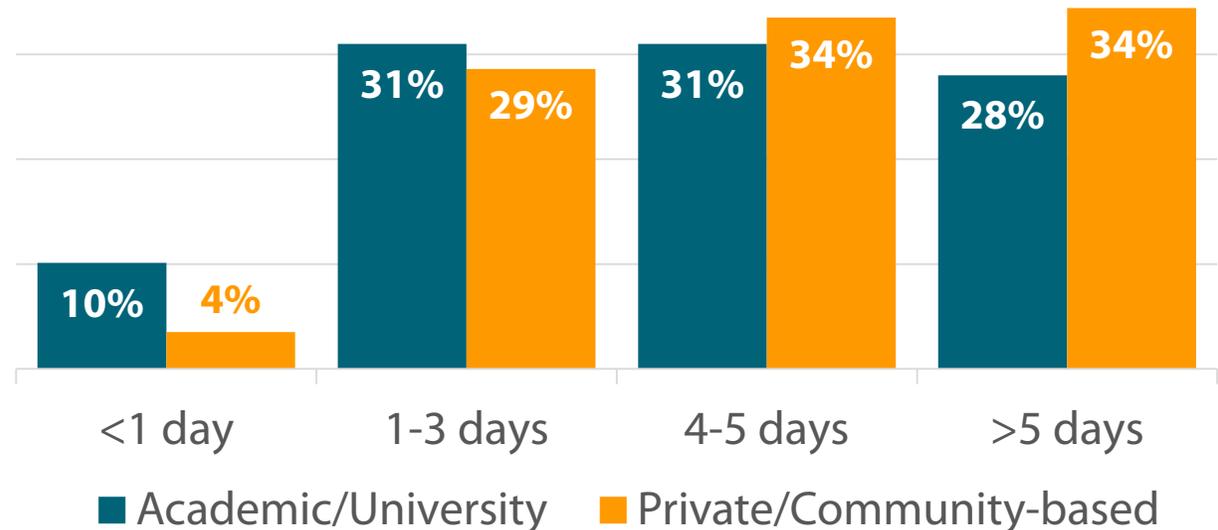
In an average month, how much of your workday do you spend on the prior authorization process?



Patients at community-based clinics face disproportionate burden from prior authorization.

Patients seen at private practices have **longer average treatment delays** than those seen at academic centers.

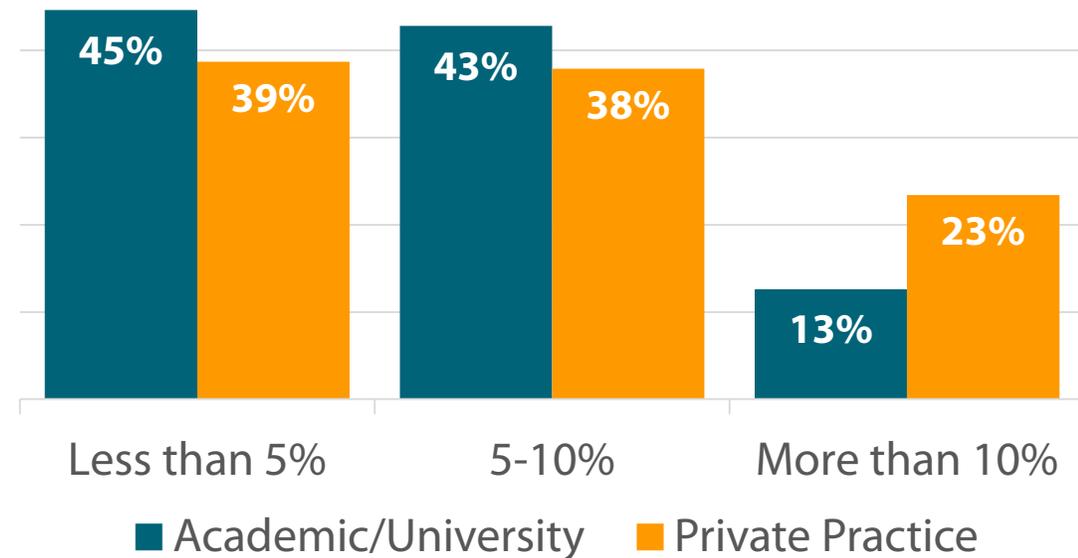
Average Delay in Radiation Therapy Due to Prior Authorization



Patients at community-based clinics face disproportionate burden from prior authorization.

Community-based **physicians are losing more time they could be with patients** due to prior authorization.

Average Amount of Physician's Workday Spent on Prior Authorization



What is the purpose of prior authorization?

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2. To be sure patients are being treated in the most efficient way possible when equivalent choices are available, and thus prevent overutilization of medical services.

Anything else is not being done for the patient's benefit.

In Conclusion

- Our scientific knowledge is such that some questions have to be considered settled science until new information becomes available. We cannot re-litigate every question on every patient.
- The process needs to be a productive use of everyone's time and effort, not just meant to introduce delays and hassle with often no change in treatment.
- Equivalence of choices is not always easy to establish, and physician judgment on individual case circumstances cannot be indiscriminately infringed upon.

Now is the Time to Fix Prior Authorization

Dr. Bruce Scott

Vice Speaker, American Medical Association
House of Delegates

Member, AMA Board of Trustees



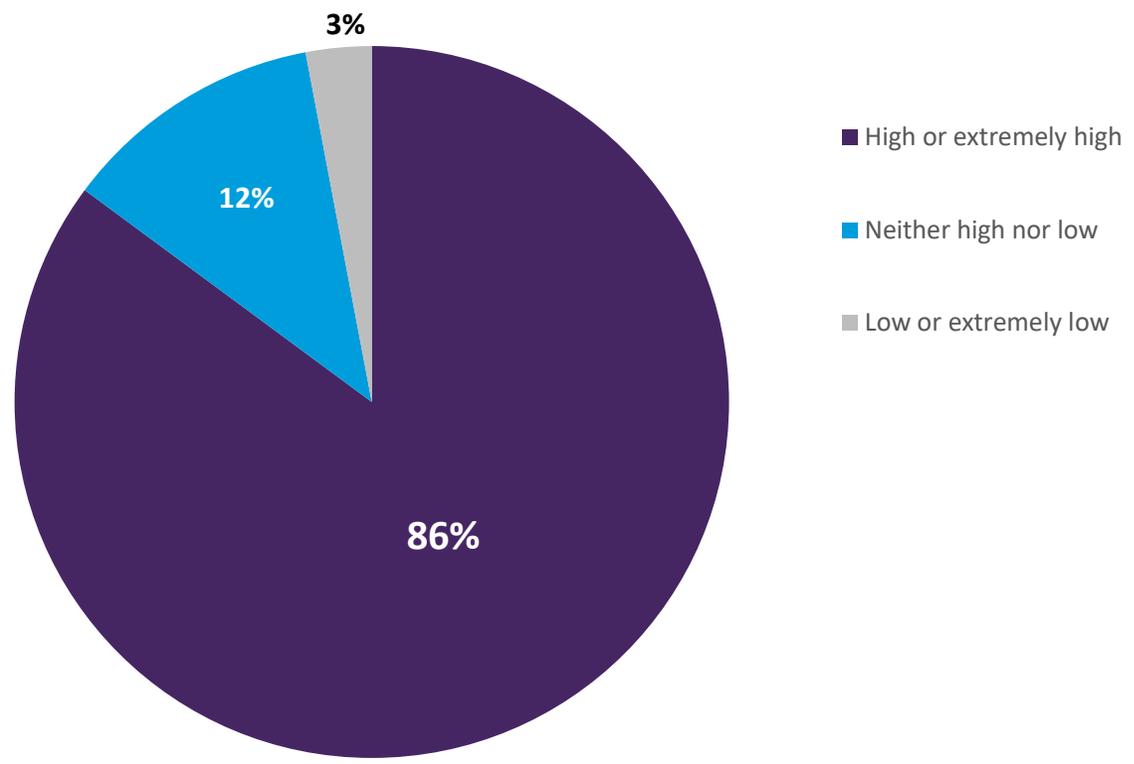
2018 AMA PA Survey Overview

- 1000 practicing physician respondents
- 40% PCPs/60% specialists
- Web-based survey
- 29 questions
- Fielded in December 2018



Physician Perspective on PA Burdens

Question: How would you describe the burden associated with PA in your practice?



Source: 2018 AMA Prior Authorization Physician Survey

Total does not equal 100% due to rounding.



Additional PA Practice Burden Findings

- **Volume**

- **31 average total PAs** per physician per week



- **Time**

- Average of **14.9 hours (approximately two business days)** spent each week by the physician/staff to complete this PA workload



- **Practice resources**

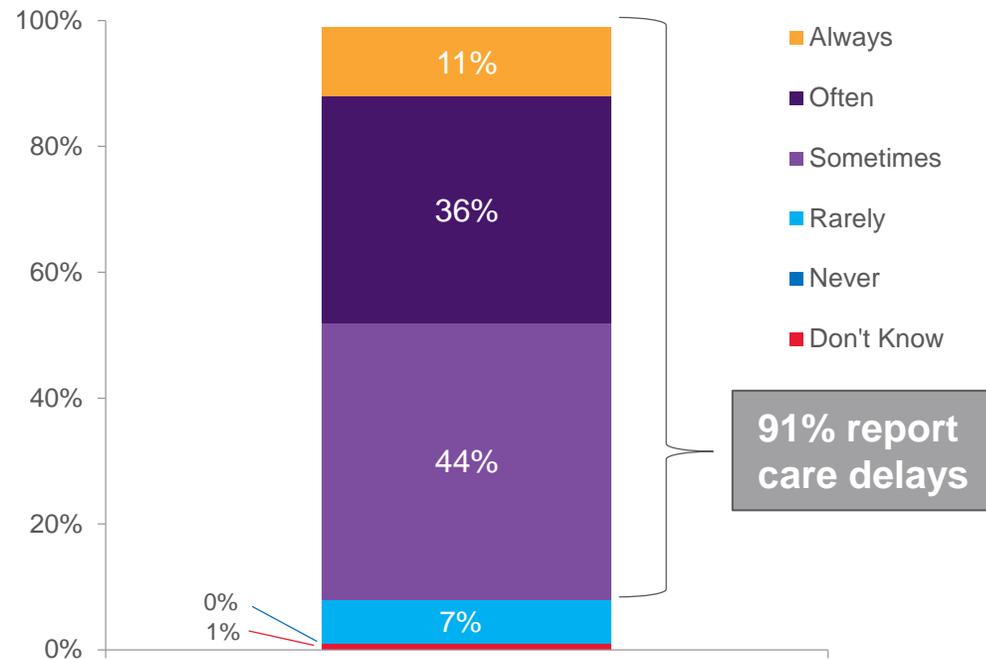
- **36%** of physicians have staff who work exclusively on PA



Source: 2018 AMA Prior Authorization Physician Survey

Care Delays Associated With PA

Question: For those patients whose treatment requires PA, how often does this process delay access to necessary care?

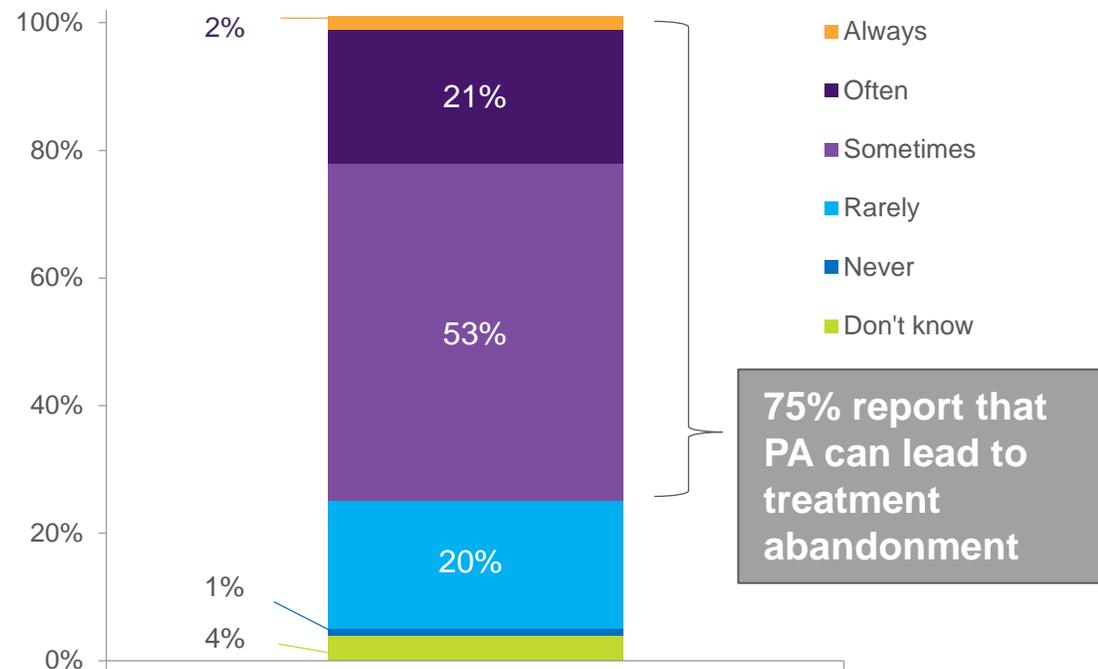


Source: 2018 AMA Prior Authorization Physician Survey

Total does not equal 100% due to rounding.

Treatment Abandonment Associated With PA

Question: How often do issues related to the PA process lead to patients abandoning their recommended course of treatment?

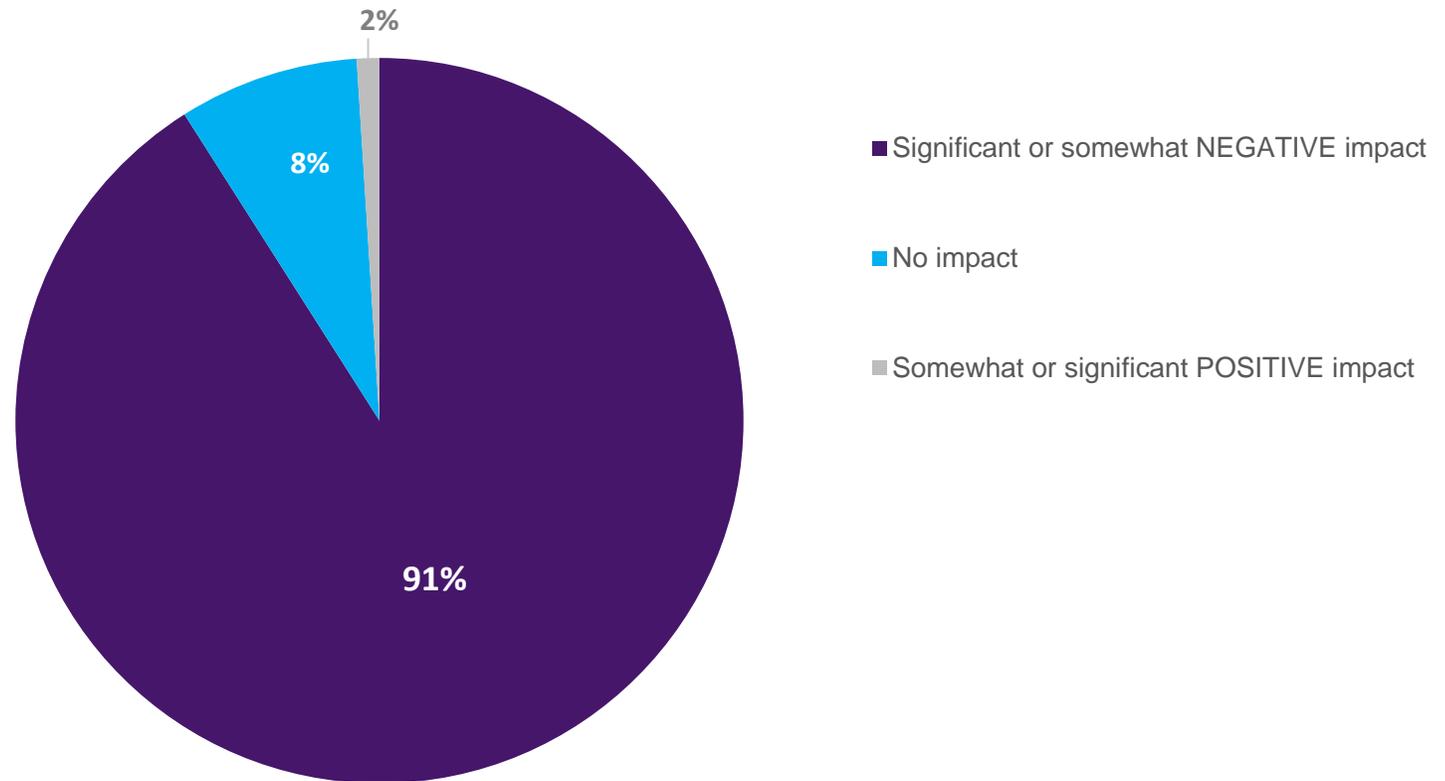


Source: 2018 AMA Prior Authorization Physician Survey

Total does not equal 100% due to rounding.
Subtotal sums to 75% due to rounding.

Impact of PA on Clinical Outcomes

Question: For those patients whose treatment requires PA, what is your perception of the overall impact of this process on patient clinical outcomes?



Source: 2018 AMA Prior Authorization Physician Survey

Total does not equal 100% due to rounding.

Serious Adverse Events Attributed to PA

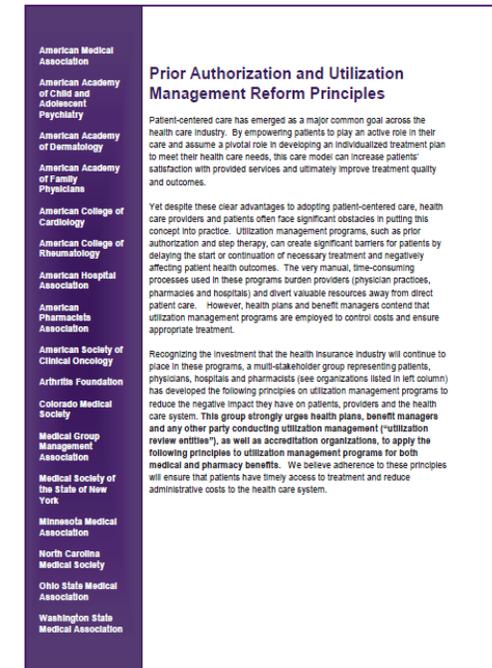
Question: In your experience, has the PA process ever affected care delivery and led to a serious adverse event (e.g., death, hospitalization, disability/permanent bodily damage, or other life-threatening event) for a patient in your care?



28% of physicians report that PA has led to a serious adverse event for a patient in their care

Prior Authorization and Utilization Management Reform Principles

- Released in **January 2017** by coalition of AMA and 16 other organizations
 - More than 100 health care organizations support the principles
- Underlying assumption: utilization management will continue to be used for the foreseeable future
- 21 principles grouped in 5 broad categories:
 - Clinical validity
 - Continuity of care
 - Transparency and fairness
 - Timely access and administrative efficiency
 - Alternatives and exemptions



Link to Principles: <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/principles-with-signatory-page-for-slsac.pdf>

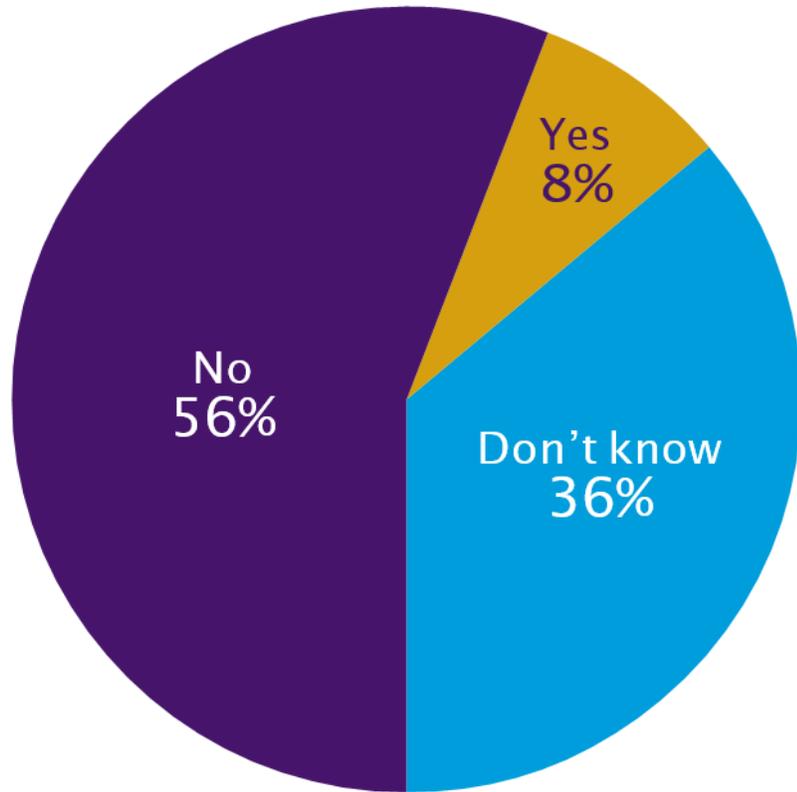
Consensus Statement on Improving the Prior Authorization Process

- Released in **January 2018** by the AMA, American Hospital Association, America’s Health Insurance Plans, American Pharmacists Association, Blue Cross Blue Shield Association, and Medical Group Management Association
- Five “buckets” addressed:
 - Selective application of PA
 - PA program review and volume adjustment
 - Transparency and communication regarding PA
 - Automation to improve transparency and efficiency
 - Continuity of patient care
- **GOAL:** Promote safe, timely, and affordable access to evidence-based care for patients; enhance efficiency; and reduce administrative burdens



Link to Consensus Statement: <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/arc-public/prior-authorization-consensus-statement.pdf>

Reality Check: Selective Application of PA



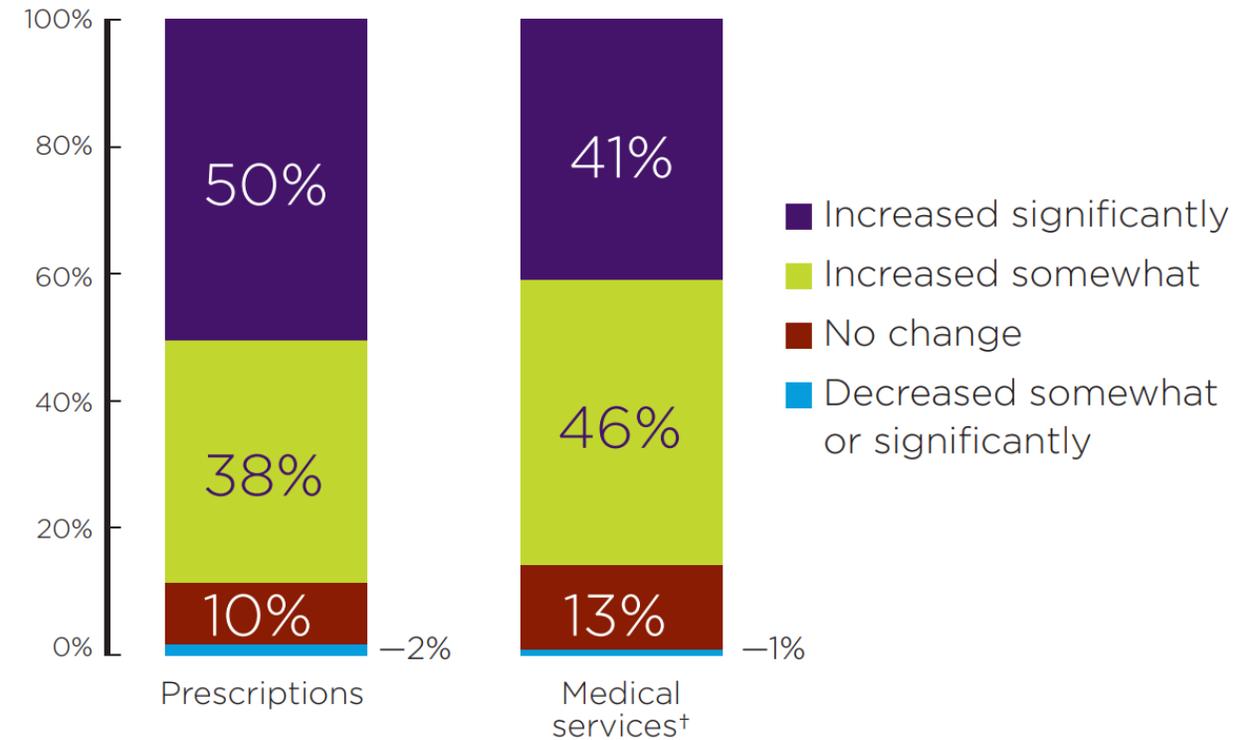
Q: Do any of the health plans with which you contract offer programs that exempt physicians from PA requirements?

- Only **8%** of physicians report contracting with health plans that offer programs that exempt providers from PA.

Source: 2018 AMA Prior Authorization Physician Survey

Reality Check: PA Program Review and Volume Adjustment

- A strong majority (**88% and 86%,*** respectively) of physicians report that the number of PAs required for prescription medications and medical services has increased over the last five years.



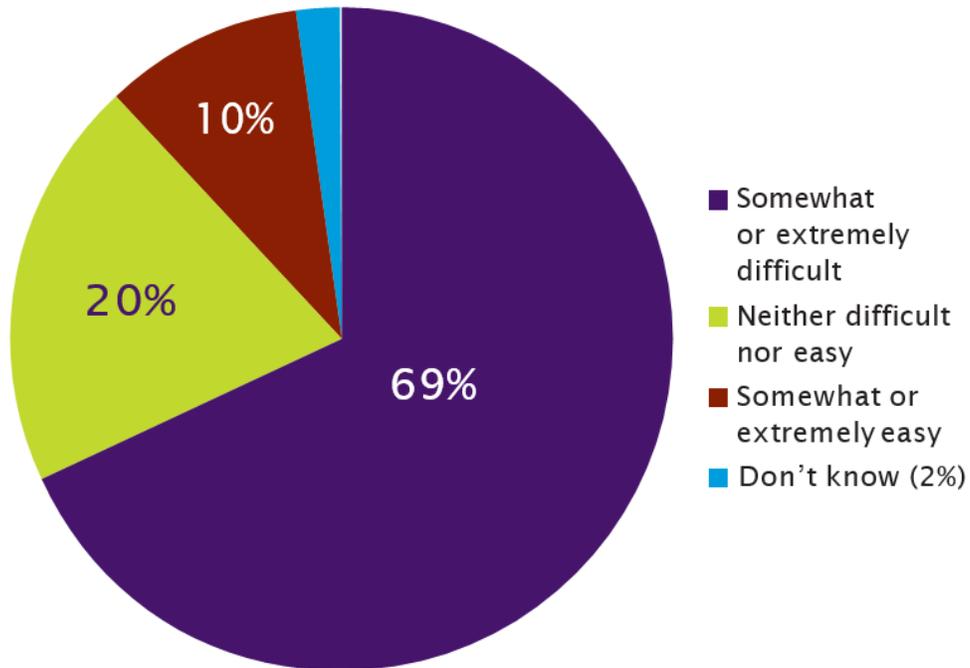
* Subtotal sums to 86% due to rounding.

† Total does not sum to 100% due to rounding.

Q: How has the number of PAs required for prescription medications/medical services used in your patients' treatment changed over the last five years?

Source: 2018 AMA Prior Authorization Physician Survey

Reality Check: Transparency and Communication Regarding PA



Total does not sum to 100% due to rounding.

Q: How difficult is it for you and/or your staff to determine whether a prescription medication or medical service requires prior authorization?

- Almost seven in 10 (**69%**) physicians report that it is difficult to determine whether a prescription or medical service requires PA.

Source: 2018 AMA Prior Authorization Physician Survey

Reality Check: Automation to Improve Transparency and Efficiency

- Physicians report **phone and fax** as the most commonly used methods for completing PAs.

Method	Prescription PAs (% use always or often)	Medical service PAs (% use always or often)
Phone	60%	61%
Fax	46%	47%
EHR/PMS*	40%	23%
Plan portal	31%	27%
Email or U.S. mail	15%	17%

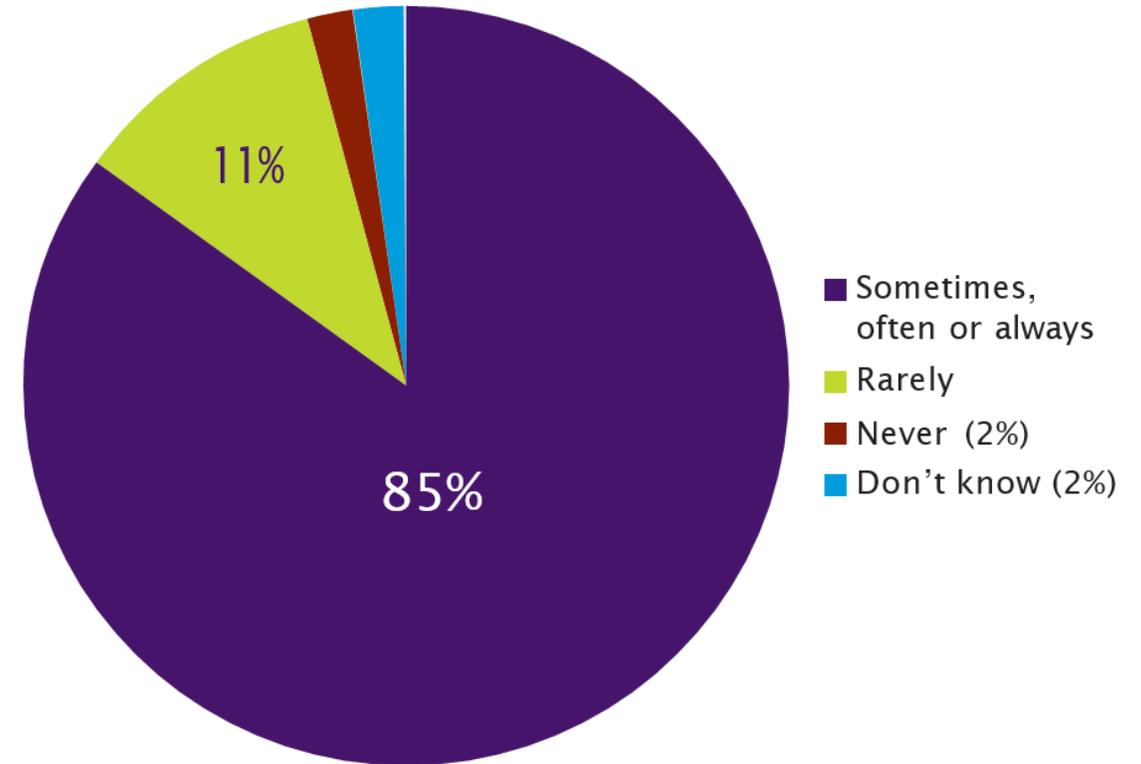
Q: Please indicate how often you and/or your staff use each of the following methods to complete PAs for prescription medications/medical services.

*EHR = electronic health record; PMS = practice management system.

Source: 2018 AMA Prior Authorization Physician Survey

Reality Check: Continuity of Patient Care

- An overwhelming majority (**85%**) of physicians report that PA interferes with continuity of care.



Q: How often does the prior authorization process interfere with the continuity of ongoing care (e.g. missed doses, interruptions in chronic treatment)?

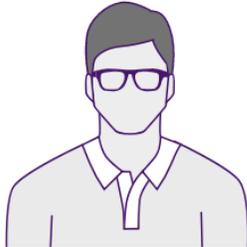
Source: 2018 AMA Prior Authorization Physician Survey

AMA Grassroots Website: FixPriorAuth.org

Call to action: Share your story

Prior authorization hurts patients and physicians. It's time to **#FixPriorAuth**.

Click below to discover how prior authorization affects you.



I am a patient

I am a physician

- Social media campaign drives site traffic and conversation
- Patient and physician videos amplify power of these stories



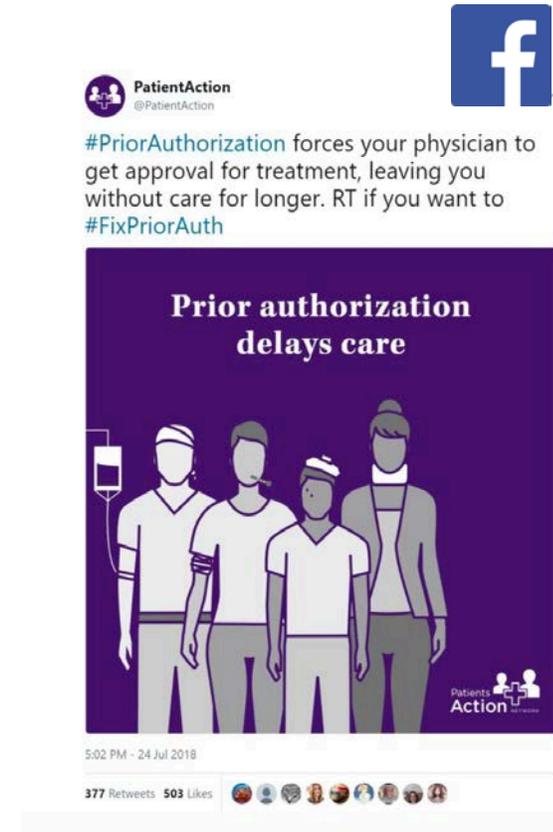
<https://www.youtube.com/watch?v=RU5bqKD0>

“I have often thought, in retrospect, after my son passed away, if the scans had been done on time, maybe it would have been caught sooner. Possibly, it could have saved his life.”

- Linda Haller, Maryland

FixPriorAuth.org: Grassroots Results Since July 2018 Launch

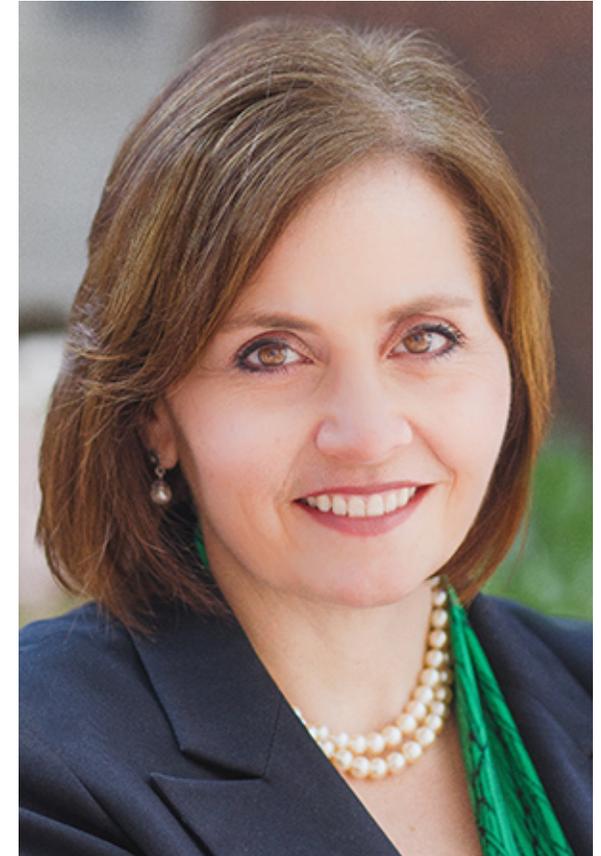
- Impressions: **+10 million**
- New users: **+81,000**
- Engagements: **+1,000,000**
- Patient/physician stories: **+500**
- Petitions signed: **+89,000** (since mid-October)



Prior Authorization: The Patient Perspective

Shelley Fuld Nasso

CEO, National Coalition for Cancer Survivorship



Q & A

To submit questions, use the “Questions” interface on your webinar screen.

Follow the Conversation



[#ASTROadvocacy](#)

[#FixPriorAuth](#)

Interview Requests & Other Questions

press@astro.org
703-286-1600

Online Press Kit: www.astro.org/priorauthorization

Resources include slides and recording of today's briefing, as well as background information on prior authorization in cancer care.