Prior Authorization Obstacles to Cancer Patient Care

Press Briefing
Thursday, April 25, 2019

Featuring experts from:
ASTRO
AMA
NCCS
Today’s Speakers

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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**

- **<1 day**: 7%
- **1-3 days**: 30%
- **4-5 days**: 32%
- **>5 days**: 31%
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?

- <5% of cases, 37%
- 5-10% of cases, 31%
- >10% of cases, 32%
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?

- None: 2%
- 0-25%: 19%
- 26-50%: 17%
- 51-75%: 22%
- 76-100%: 41%
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?

- Less than 5%: 44%
- 5-10%: 39%
- More than 10%: 18%
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.
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.
What is the purpose of prior authorization?

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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?

- 86% High or extremely high
- 12% Neither high nor low
- 3% Low or extremely low

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?

- 11% Always
- 44% Often
- 36% Sometimes
- 7% Rarely
- 0% Never
- 0% Don't Know
- 91% report care delays

Source: 2018 AMA Prior Authorization Physician Survey

Total does not equal 100% due to rounding.
Question: How often do issues related to the PA process lead to patients abandoning their recommended course of treatment?

75% report that PA can lead to treatment abandonment.

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?

- 91% Significant or somewhat NEGATIVE impact
- 8% No impact
- 2% Somewhat or significant POSITIVE impact

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

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

Reality Check: Selective Application of PA

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

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

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

<table>
<thead>
<tr>
<th>Method</th>
<th>Prescription PAs (% use always or often)</th>
<th>Medical service PAs (% use always or often)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>60%</td>
<td>61%</td>
</tr>
<tr>
<td>Fax</td>
<td>46%</td>
<td>47%</td>
</tr>
<tr>
<td>EHR/PMS*</td>
<td>40%</td>
<td>23%</td>
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<tr>
<td>Plan portal</td>
<td>31%</td>
<td>27%</td>
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<tr>
<td>Email or U.S. mail</td>
<td>15%</td>
<td>17%</td>
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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
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
MAA 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.

- Social media campaign drives site traffic and conversation
- Patient and physician videos amplify power of these stories
https://www.youtube.com/watch?v=RUsQX5bqKD0

“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.
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.