Online Webinar

WHY ARE PRIOR AUTHS FATAL?

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ACMA
AGENDA

1. Examine the real-world impact of prior auths on patient care.
2. Discuss common challenges faced by prior auth specialists.
3. Highlight effective strategies to overcome obstacles in prior auths.
What are prior authorizations?

A process where HCPs must obtain approval from a **patient’s insurance company** before providing certain medications, services, or therapy.

Purpose: **Ensure medical necessity and appropriate utilization of healthcare resources**
Patient Impact of Prior Authorizations
Prior Authorization Issues Contribute to 94% of Care Delays

“When a PA requirement is imposed, only 29% of patients end up with the originally prescribed product and 40% end up abandoning therapy altogether.

Not only is this negative for pharma and frustrating to prescribers, but it is even worse for those patients who don’t get the medication that could best treat their condition…”


Impact of PA on Clinical Outcomes

- Somewhat or significant POSITIVE impact: 9%
- No impact: 89%

Patient Impact of Prior Authorizations

Expert Insight
Challenges in Prior Authorizations
Patient Access

The goals of the healthcare system

How is the healthcare system funded?

What are the roadblocks to patient access?
Challenges in Prior Authorizations

Expert Insight
Common Prior Authorization Challenges

- Varying timelines and requirements across different payers
- Keeping up with frequent policy changes
- Lack of transparency and communication from payers
- Burdensome documentation requirements
Solutions & Opportunities in Prior Authorizations

Expert Insight
Effective Strategies for Prior Authorization Success

- Organization and proactive planning
- Strong communication with payers and healthcare providers
- Utilization of available resources and tools
- Advocacy and education for patients
Staying Up-to-Date on Policy Changes
Prior Authorization Programs are Growing

Prior authorization, a form of utilization management, is the primary way to manage healthcare spend.

Medical Spend for Selected High-Volume PA Categories ($ billions)
Total: $1,006 billion

- **Retail Drugs**: $333 (33%)
- **Specialty Drugs**: $328 (33%)
- **Surgery**: $223 (22%)
- **Radiology**: $67 (7%)
- **Lab**: $45 (4%)
- **DME**: $8 (1%)

CMS Announces Medicare Prior Authorization for 6 Lower Limb Prosthetic Codes (2020)
Establishment of a prior authorization process for DMEPOS items that are frequently subject to unnecessary utilization.

Two Largest Payers Start Lab Test Pre-Authorization (2017)
Actions by UnitedHealthcare, Anthem bring genetic test prior-authorizations to 80 million people.

Sources: Health Care Cost Institute, IQVIA
Staying Up-to-Date on Policy Changes

Expert Insight
Staying Up-to-Date on Policy Changes

- Enrollment in payer notification systems
- Constant review of payer websites and policies
- Participation in training and certification programs
- Networking with other prior authorization specialists
The Future of Prior Authorizations

Expert Insight
The Future of Prior Authorizations

- Increasing complexity and administrative burden
- Expansion of step therapy requirements
- Potential impact of policy changes like the Inflation Reduction Act
- Need for continued advocacy and education
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Question and Answer