



# Prior Authorization Delays and Undermines the Best Patient Care

By Jayesh Shah, MD

As if COVID-19 was not enough to stress the health care system, the Prior Authorization (PA) burden is growing and making it difficult for physicians to take care of their patients. During this pandemic, many private practices were not able to survive and had to close; others had to furlough or lay off support staff. Prior authorization was a nightmare even before COVID-19 and its impact during the pandemic is intolerable for patients and physicians.

Physicians continue to describe the prior authorization process as an extremely frustrating process that hurts their patients. For example, in my wound care practice, a delay in prior authorization could potentially delay healing. There is evidence that once a diabetic patient has an amputation, they have a mortality of 68% within five years. It is higher than the mortality of breast cancer, prostate cancer, and lymphoma combined.

Over the last five years, the vast majority of Texas physicians (87%) and AMA physicians (88%) say that they have seen an increased burden as a result of the PA process, and 69% of Texas physicians describe it as very burdensome. The number of prior authorizations required for prescription medications (85%) and medical services (80%) continues to increase, inversely impacting the access to care for patients.

With decreasing reimbursement and increasing overhead to obtain prior authoriza-

tion, it becomes a perfect scenario for the closure of many solo private practices. If solo private practices close, again, the access to care decreases. The physician's private practice office is the lowest cost center in the complex health care system.

It is critical to advocate and educate our legislators on these prior authorization issues. We have a chance to make a difference. Due to COVID-19, the Texas Medical Association has arranged all first Tuesdays at the Capitol as virtual events (<https://www.texmed.org/FirstTuesdays/>). Please use this opportunity to connect to our legislators, so you can advocate on behalf of our patients from the comfort of your home or office.

There was already a shortage of physicians, but now, due to the global pandemic, the shortage is getting worse. In this already stressed environment of COVID-19, physicians had to spend hours on the phone to get proper care for their patients. On average, practices complete 33 prior authorizations per physician per week. Physicians and their staff spend an average of almost two days (14.4 hours) each week completing prior authorizations. 36% of physicians nationally and 48% of physicians in Texas report that they have to hire staff just to work on prior authorizations.

Most patients do not realize how much work their physicians put in behind the scenes to authorize care with insurance companies. Most physicians get multiple denials before finally getting approval. 85% of Texas physicians report delayed access to care and 81% report interrupted continuity of care as an outcome associated with these prior authorizations. 78% of physicians report that patients abandon treatment due to prior authorization problems. Even worse, 35% report delayed care leading to serious adverse events. The AMA survey shows that 16% of physicians report that a prior authorization led to a patient's hospitalization, which unnecessarily increases the cost to the health care system.

Another problem with the prior authorization process is that there is a wait time for any

response from the insurance company. 64% of physicians reported the wait time of at least one business day, while 29% reported waiting at least three business days. I recently testified at an AMA interim meeting that, if insurance companies require prior authorizations, they should make staff available 24 X 7 to process approvals. This 24-hour availability will at least improve the timing for the decisions and hopefully decrease serious adverse events for the patients.

Delays in obtaining prior authorization also cause problems with discharge planning for patients. During COVID-19, it becomes a problem when most hospitals do not have extra beds, and patients who have to be transferred to another facility require a quick turnaround.

In summary, prior authorizations are problems for both patients and physicians. Delayed care is unnecessary and should not be allowed. Most of the time, the decisions involved with the prior authorization process are made by someone who is not familiar with the patient or by someone who is not in the same specialty. Unfortunately, apart from patient care delays, prior authorizations also increase the cost for the patients and the health care system.



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## Resources

*Doctors say that delays are hurting patient outcomes* <https://www.medicaleconomics.com/view/prior-authorizations-negatively-affect-care>  
<https://www.ama-assn.org/system/files/2020-06/prior-authorization-survey-2019.pdf>

2020 TMA Survey on Prior Authorization - 309767 Prior Auth Data Sheet One-pager.pdf

Shah JB, Sheffield P, Fife, Textbook of Chronic Wound Care, Best Publishing 2018.