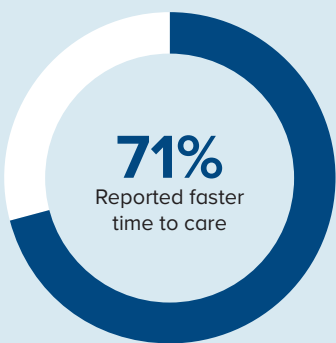# Electronic Prior Authorization

Reducing Provider Burden and Streamlining Patient Care

Health insurance providers consistently seek ways to enhance the patient and provider experience. Prior authorization—a process for health care providers to get approval from a patient's health plan before care is delivered—is an important tool in helping patients receive safe, effective, clinically appropriate care.   In early 2020, America's Health Insurance Plans (AHIP) launched the Fast Prior Authorization Technology Highway—or Fast PATH—to better understand how moving to electronic prior authorization (ePA) processes could impact and improve the prior authorization process for patients and providers.
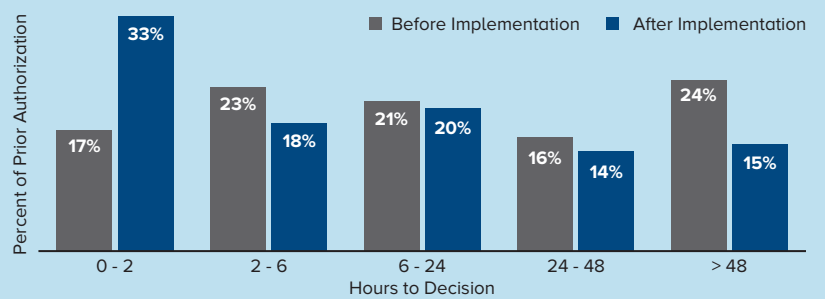
Six health insurance providers that collectively cover over 50 million Americans participated in the project, with Availity and Surescripts serving as the technology partners and Point of Care Partners as an expert advisor. The Fast PATH initiative ran for approximately 12 months. RTI International conducted an independent analysis of over 40,000 prior authorization transactions, looking at prior authorization transaction data both before and after implementation of ePA processes. They also conducted a survey of over 300 clinicians and practice staff using electronic prior authorization technologies to assess the impact of electronic prior authorization on provider practices and patient care.

Key Findings

71%
Reported faster time to care

Faster Time to Patient Care

71% of providers who use ePA for most of their patients (experienced users) reported that patients **received care faster** after providers implemented electronic prior authorization.

Before Implementation — After Implementation

Hours to Decision	Before Implementation	After Implementation
0 - 2	17%	33%
2 - 6	23%	18%
6 - 24	21%	20%
24 - 48	16%	14%
> 48	24%	15%

Percent of Prior Authorization

*Note: Percentages add up to 100% within each category (e.g., Before Implementation or After Implementation), but may deviate slightly due to rounding.
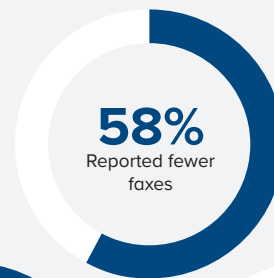
Faster Time to Decision

Median time between submitting a prior authorization request and receiving a decision from the health plan was more than three times faster, falling from 18.7 hours to 5.7 hours – **a reduction of 69%** – after implementation of electronic prior authorization.

Lower Provider Burden From Phone Calls and Faxes

A majority of experienced users reported less burden related to phone calls and faxes after implementation of electronic prior authorization:

- 54% of experienced users reported **fewer phone calls** and 58% reported **fewer faxes** after implementation of electronic prior authorization

- 62% of experienced users reported **less time spent on phone calls** and 63% reported **less time spent on faxes** after implementation of electronic prior authorization

54%
Reported fewer phone calls

58%
Reported fewer faxes

63%
Spent less time on phone calls

62%
Spent less time on faxes

60%
Reported it was easier to understand if PA is required

Improved Information for Providers

Most experienced users reported that it was easier to understand prior authorization information after implementation of the electronic solution: 60% of experienced users said **electronic prior authorization made it easier to understand** if prior authorization was required.

Greatest Benefits for Experienced Users

The more frequently a provider used the technology solution, the bigger the benefit the provider experienced in **reduced burden and ease of understanding** prior authorization information.

Conclusion

The demonstration project clearly showed that providers who are high users of the electronic prior authorization technology experience the greatest benefit. Strong adoption of electronic prior authorization by providers is essential to speed access to high-value care.

Please click here to view Fast PATH analysis and for more resources on prior authorization.