AHIP Briefing: New Analysis Shows Benefits of Electronic Prior Authorization for Patients and Providers
Housekeeping

I. Please remember to keep your computer or device muted so we can focus on today’s presentation.

II. We encourage discussion. Please submit your questions at any time during today’s presentation by using Zoom’s chat feature. We will have time for questions at the end of the presentation.

III. Today’s presentation is being recorded. A link to the recording will be distributed to the email address you used to RSVP.
Agenda

I. Introduction
II. Release and Discussion of Fast PATH Initiative Results
III. Perspectives from Technology Partners
IV. Perspectives from Expert Advisor
V. Q&A
VI. Adjourn
Briefing Participants

- **Kate Berry**, Senior Vice President, Clinical Affairs, AHIP
- **Ashley Fifield**, Regional Vice President, Health Plans, Surescripts
- **Tony Schueth**, CEO and Managing Partner, Point-of-Care Partners
- **Jason Wallis**, Vice President, Healthcare Network Strategy, Availity
Key Results of Fast PATH Demonstration
Background and Goals

• Builds on 2018 Consensus Statement agreement that increasing adoption of electronic prior authorization is a key opportunity for improving the prior authorization process

• Demonstrates leadership and commitment of health insurance providers to collaborate with clinicians to improve prior authorization

• Includes vendors with standards-based, scalable technologies, that are integrated into provider workflow

• Incorporates independent evaluation from RTI to gain objective insights on the impact of electronic prior authorization on providers and patients across a range of metrics
# Participants

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<tr>
<th>Technology Vendors</th>
<th>Health Insurance Providers</th>
<th>Independent Evaluator</th>
<th>Expert Advisor</th>
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| • Availity (medical/surgical)  
• Surescripts (prescription medications) | • Blue Shield of California  
• Cambia Health Solutions  
• Cigna  
• Florida Blue  
• Humana  
• WellCare (Centene)  
• Provider partners with access to the technologies | • RTI International | • Point of Care Partners |
Metrics Included in Evaluation

• Prior authorization volume, approval rates, and time to decision
• Volume and time spent on prior authorization phone calls and faxes
• Availability of prior authorization information
• Timeliness to care
• Frequency of switching to prescription with lower out of pocket costs for patient
Methodology & Data Sources

**Over 40,000 prior authorization transactions**
- Health plan data on manual and electronic prior authorizations 6 months before and after technology implementation
- Providers identified by plans and vendors as users of Availity or Surescripts electronic prior authorization technology

**Survey of over 300 providers/staff**
- Providers identified by plans and vendors as recent adopters and current users of Availity or Surescripts electronic prior authorization technology
Key Findings
Faster Time to Decision

Significant benefit: **Reduced time** from the request for prior authorization to the decision.

- Median time between submitting a prior authorization request and receiving a decision was more than **3 times faster** with electronic process than manual – 5.7 hours rather than 18.7 hours – a reduction of 69%.

![Time to Decision of Prior Authorizations Before and After Implementation of Fast PATH Electronic Prior Authorization Solutions](chart.png)
Faster Time to Patient Care

Providers reported that patients received care faster after providers implemented electronic prior authorization.

- Among providers using these solutions for most of their patients (referred to as “experienced users”), 71% reported that timeliness to care was faster after implementation of electronic prior authorization.

*Experienced users represent 31% of respondents who provided information about their level of experience.
Lower Provider Burden From Phone Calls and Faxes

Among experienced users, a majority experienced less burden related to phone calls and faxes after implementation of electronic prior authorization.

- 54% reported fewer phone calls and 58% reported fewer faxes
- 63% reported less time spent on phone calls and 62% reported less time spent on faxes
Among experienced users, most reported that it was easier to understand prior authorization information after implementation of the electronic solution.

- 60% said electronic prior authorization made it easier to understand if a prior authorization was required.
- 57% said electronic prior authorization made it easier to understand the requirements for prior authorization.
- 54% said electronic prior authorization made it easier to view the prior authorization decision.
Majority of Transactions Electronic after Implementation

62% of all prior authorizations were submitted electronically in the 6 months after implementation of the electronic solutions.

Providers in the sample had 48% fewer manual prior authorizations compared to the 6 months prior to implementation.
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.

• While the majority of experienced users reported lower burden and greater ease of understanding prior authorization information, burden and ease of understanding was not as significantly impacted when the results included providers who used the technology for only a few of their patients.
Key Takeaways

Reduced provider burden and faster time to decisions are significant benefits of electronic prior authorization.

Improved availability of prior authorization information and timeliness to patient care are additional benefits of electronic prior authorization.

To maximize the efficiencies of electronic prior authorization, strong provider adoption of the technology solution is critical.
Thank You

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Perspectives

• Perspectives from Technology Partners
  o Availity
  o Surescripts

• Perspectives from Expert Advisor
  o Point-of-Care Partners
Questions?

Visit our new prior authorization webpage at www.ahip.org for more information.