Patient Access to Care Has Been Impacted

- Eighty-two percent of respondents state that prior authorization either always (37%) or often (45%) delays access to necessary care.
- The wait time for prior authorization can be lengthy. For most physicians (74%) it takes between 2 to 14 days to obtain prior authorization, but for 15%, this process can take from 15 to more than 31 days.
- Prior authorization causes patients to abandon treatment altogether with 32% reporting that patients often abandon treatment and 50% reporting that patients sometimes abandon treatment.
- Overwhelmingly (87%), physicians report that prior authorization has a significant (40%) or somewhat (47%) negative impact on patient clinical outcomes.
- Three-quarters (74%) reported that during the past five years, stable patients had been asked to switch medications by the health plan even though there was no medical reason to do so.

Prior Authorization Burden Has Increased

- Eight-four percent of physicians report that the burden associated with prior authorization has significantly increased over the past five years.
- Insurers have increased the use of prior authorization over the past years for procedures (84%); for diagnostic tools (78%); and for prescription medications (80%).
- The burden associated with prior authorization for physicians and their staff is high or extremely high (92%).
- In any given week, most physicians (42%) must contend with between 11 and 40 prior authorizations. One-fifth of respondents face more than 40 per week.
- Many physicians must now engage in the so-called peer-to-peer process to obtain prior authorization, and nearly 20% of respondents experience this requirement for 26 to 75% or more of their services (including prescription drugs, diagnostic tests and medical services).
- Ultimately, the majority of services are approved (71%), with one-third of physicians getting approved 90% or more of the time.
- Unbelievably, despite gaining prior authorization, insurance companies deny payment after services are rendered, an outcome three-fifths of physicians have experienced more than once in the past year, and 16% have had this happen 20 or more times.
- Nearly three-fifths (59%) of physicians have staff members working exclusively on prior authorization, with most staff spending between 10-20 hours per week on prior authorization.
- Most plans employ prior authorization, although UnitedHealthcare (68%), Blue Cross Blue Shield (66%) and Aetna (61%) are the top utilizers.

Demographics

- Medical specialties participating include: Dermatology, Neurosurgery, Obstetrics & Gynecology, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Plastic Surgery and Urology
- Forty-one percent of respondents are from the South; 19% from the Northeast; 24% from the Midwest; and 16% from the West and U.S. Territories.
- Nearly one-third (60%) of respondents are in private practice; 9% are in private practice with an academic affiliation; 17% are in academic practice; and 12% are employed by a hospital or health system.
- Twenty percent of respondents are in solo practice; 29% are in a small group (2-5 physicians) single specialty practice; 22% are in a medium (6-20 physicians) group single specialty practice; 9% are in a large group (21+) single specialty practice; and the remainder are in multi-specialty group practices.
- Forty-five percent of respondents practice in an urban setting; 44% practicing in a suburban setting; while only 11% are in rural practice.