RRC
Regulatory Relief Coalition
Protecting Patients' Timely Access To Care

Prior Authorization Survey
Top-Line Results

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.