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Prior authorizations in dermatology and impact on patient care: An updated survey of US dermatology providers and staff by the American Academy of Dermatology

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Abstract

Background: Completing prior authorizations (PAs) can be a lengthy process, which can delay access to appropriate care. A 2017 American Academy of Dermatology survey highlighted that PAs are common across many dermatologic medication classes. However, little is known regarding the impact of PAs on patient care and resource use.

Methods: To better characterize the burden of PAs on dermatology practices and their effects on patient care, a survey was conducted in February 2020 among U.S.-based dermatologists (N=3,000) and the Association of Dermatology Administrators/Managers (ADAM) members (N=718).

Results: Respondents reported 24% of patients require PAs. Dermatologists and staff spend a mean of 3.3 hours/day on PAs. Sixty percent of dermatologists reported interrupting patient visits for PAs. Sixty-five percent respondents reported PAs were required for clobetasol, 76% for tretinoin, and 42% for 5-fluorouracil. Respondents noted 45% of PA determinations took beyond one week and 17% took beyond two weeks. Respondents reported 12% of PAs resulted in delaying or abandoning treatment and 17% resulted in less appropriate treatment.

Conclusions: Prior authorization burden remains high and consumes substantial clinical resources, which may negatively impact patient care. Additionally, they result in prolonged treatment delays and are associated with delaying treatment, abandoning treatment, or using lesser treatment.

Keywords: prior authorization, AAD survey, patient care, medications, biologic medications, delayed treatment

Introduction

Prior authorization (PA) is a utilization management process to determine if an insurer will cover a prescribed procedure, service, or medication. Completing PAs can be a lengthy process, which can delay access to appropriate care [1]. A 2017 survey by the American Academy of Dermatology (AAD) found PAs are common across many classes of dermatologic medications [2]. To better characterize the burden of PAs on dermatology practices and the effects of PAs on patient care, the AAD Association's Practice Management department collaborated with the Health IT Committee and Drug Pricing and Transparency Task Force to develop an electronic survey regarding the impact of PAs in dermatology. In February 2020, this survey was sent to US-based dermatologists (N=3,000) and the Association of Dermatology Administrators/Managers (ADAM) members (N=718). Recipients were asked to forward the survey to those responsible for PA completion in each practice. Analyses were performed using Microsoft Excel.

Results

A total of 176 AAD (response rate 6%) and 76 ADAM (response rate 21%) surveys were returned. Respondents reported that 24% of patients seen required a PA as part of their care, with dermatologists and staff spending a mean of 3.3 hours per day on PAs. Thirty percent of respondents reported having to hire full time staff to handle PAs.

Sixty percent of dermatologists reported having to interrupt patient visits to respond to PAs. Respondents reported that they could see approximately 6% more patients per day if PA burden was reduced (Table 1). Prior authorizations were common across medication classes including for generic topical steroids (e.g. clobetasol, 65% of respondents), generic first line acne topicals (e.g. tretinoin, 76% of respondents), and 5-fluorouracil (42% of respondents), (Figure 1). In addition, respondents reported that 45% of PA determinations took greater than one week and 17% took greater than two weeks; determinations took longer for biologic medications (Table 1). Respondents reported that 12% of PAs resulted in patients delaying or abandoning treatment and 17% of PAs resulted in patients being forced to use less appropriate treatments.

times are important issues for many patients with skin diseases; decreasing PA burden could allow practices to direct more resources toward patient care [3]. Although it would be expected for PAs to be used for costly, second-line treatment options, as stated above, PAs were also often required for common first-line generic medications. In addition, our results highlight that PAs frequently result in delays in care. These delays negatively impact patient outcomes by preventing timely access to medications and may result in primary non-adherence to treatment recommendations [4].

Conclusion

In an effort to improve efficiency in applying for PAs, the AAD has worked to streamline the process by offering electronic processing methods, such as the Prior Authorization letter tool (<https://www.aad.org/member/practice/drugs/pa-tool>). Future efforts are needed to identify optimal approaches to ensure access to appropriate, timely care for our patients without contributing to an unnecessary administrative burden on the healthcare system.

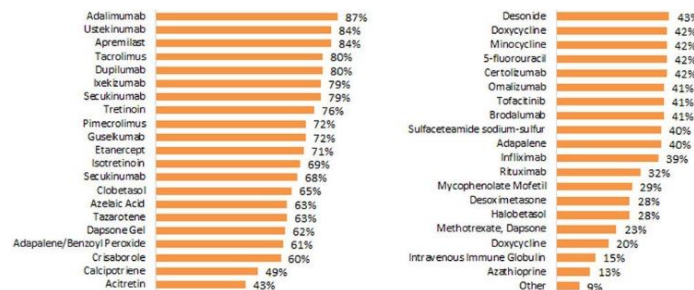


Figure 1. Frequency respondents reported medications requiring prior authorizations.

Discussion

The burden of PAs remains high and consumes substantial clinical resources. Access to care and wait

Potential conflicts of interest

Dr. Kiracofe received payment for continuing medical education work related to atopic dermatitis that was supported by Sanofi/Regeneron. The authors have no more conflicts of interest to disclose.

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Table 1. Burden of prior authorization and impact on patient care.

	AAD	ADAM	Total
Practice type (N=161), N (%)			
Solo practice			44 (27)
Dermatology group			73 (45)
Academic/University			20 (12)
Multi-specialty group			17 (11)
Other			7 (4)
Number of patients seen per day (N=242), N (%)			
<30 patients/day	50 (30)	3 (4)	53 (22)
31-60 patients/day	61 (36)	20 (27)	81 (33)
61-90 patients/day	21 (12)	9 (12)	30 (12)
>91 patients/day	37 (22)	41 (56)	78 (32)
Mean*	73	119	87
Patients per day who require PA (N=238), N (%)			
1-10 patients	89 (54)	34 (47)	123 (52)
11-20 patients	41 (25)	13 (18)	54 (23)
21-30 patients	20 (12)	8 (11)	28 (12)
>30 patients	15 (9)	18 (25)	33 (14)
Mean*	18	27	21
Hours per day on PA (N=238), N (%)			
<1 hr	4 (2)	1 (1)	5 (2)
1-2.5 hr	80 (49)	36 (49)	116 (48)
3-4 hr	43 (26)	14 (19)	57 (24)
>5 hr	37 (23)	23 (31)	60 (25)
Mean*	3.2	3.5	3.3
Number of additional patients seen per day if reduced PA burden (N=231)	5	5	5
Wait times for PA approval, business days			
Biologic PAs (N=240), N (%)			
1 day or less	8 (5)	1 (1)	9 (4)
2-4 days	31 (18)	12 (16)	43 (17)
5-7 days	56 (33)	21 (28)	77 (31)
8-15 days	37 (22)	33 (43)	70 (28)
>16 days	36 (21)	5 (6)	41 (17)
Non-Biologic PAs (N=250), N (%)			
1 day or less	36 (21)	13 (17)	49 (20)
2-4 days	84 (49)	35 (46)	119 (48)
5-7 days	36 (21)	17 (22)	53 (22)
8-15 days	16 (9)	5 (7)	21 (9)
>16	8 (5)	0 (0)	8 (3)

Abbreviations: PA, Prior authorization.

*Means were calculated from reported numerical variables excluding outliers beyond 3 SDs. Numerical variables were combined, categorized, and presented as a range.