

Reduced Burden and Faster Decision Times Among Benefits of Implementing Electronic Prior Authorization

Results from New [Fast PATH Study](#) Now Available

Health insurance providers are committed to quality care for every patient. To improve patients' experience with their coverage and care, health plans work with doctors, nurses, and patients to make care more efficient, effective, and affordable. Prior authorization – a process for health care providers to get approval from a patient's health plan before care is delivered to qualify for coverage – helps health insurance providers deliver on that promise.

In 2018, stakeholders representing providers and insurers developed a [Consensus Statement](#) recommending opportunities to improve the prior authorization process. Increasing the adoption of electronic prior authorization was one of the major opportunities identified for improving prior authorization. In January 2020, building on this multi-stakeholder Consensus Statement, America's Health Insurance Plans (AHIP), working with two technology partners¹ and several member insurance providers², launched the Fast Prior Authorization Technology Highway (Fast PATH) initiative to better understand the impact of electronic prior authorization on improving the prior authorization process.

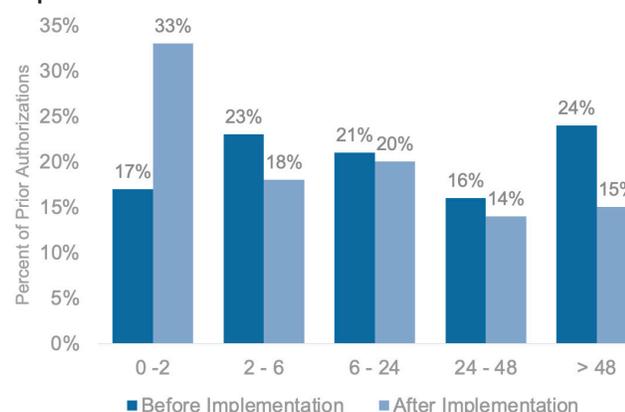
Analysis

An independent evaluator³ examined over 40,000 prior authorization transactions over a 12-month period from the participating health insurance providers. They also conducted a survey of over 300 clinicians and practice staff who use electronic prior authorization technologies to assess the impact of electronic prior authorization on provider practices and patient care.

Key Findings

- **Faster Time to Decision:** Reduced time from the request for prior authorization to the decision was a significant benefit of electronic prior authorization.
 - The median time between submitting a prior authorization request and receiving a decision from the health plan was more than three times faster compared to before implementation of the electronic prior authorization technology, falling from 18.7 hours to 5.7 hours – a reduction of 69%.

Time to Decision of Prior Authorizations Before and After Implementation of Fast PATH Electronic Prior Authorization Solutions



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

1 Availity and Surescripts.

2 Blue Shield of California, Cambia Health Solutions, Cigna, Florida Blue, Humana, and Wellcare (Centene).

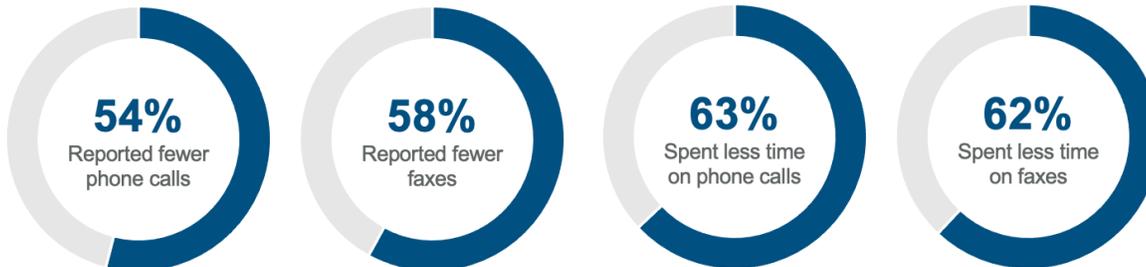
3 RTI International. Point of Care Partners served as an expert advisor.

- **Faster Time to Patient Care:** Among providers using these solutions for most of their patients (referred to as “experienced users”), the vast majority reported that timeliness to care was faster after implementation of electronic prior authorization.
- **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.

Impact on Timeliness to Care for Experienced Users After Implementation of Fast PATH Electronic Prior Authorization Solutions



Usage of Phone Calls and Faxes for Experienced Users After Implementation of Fast PATH Electronic Prior Authorization Solutions



- **Improved Information for Providers:** Among experienced users, most reported that it was easier to understand prior authorization information after implementation of the electronic solution.

Information About Prior Authorization for Experienced Users After Implementation of Fast PATH Electronic Prior Authorization Solutions



- **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 the 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.

Implications

As providers who use ePA for the majority of their patients see the greatest benefits, strong provider adoption of ePA technology is critical to maximize the efficiencies of the tools, based on the findings of the report.

Analysis of prior authorization transactions showed that providers used the Fast PATH electronic prior authorization technologies for roughly 62% of prior authorizations in the 6 months after their practices implemented the tool. While the level of adoption within such a short timeframe is a positive finding, there is room for continued progress, given that this means that providers are still using manual prior authorizations 38% of the time.

To realize further gains, stakeholders should explore available pathways to increase provider adoption of electronic prior authorization technology. These pathways could include a combination of: (1) increasing the availability of the technology to providers; and (2) increasing the use of the technology where it is already available by identifying and addressing challenges, such as provider readiness and training, workflow integration, and incentives for providers to use the technology.