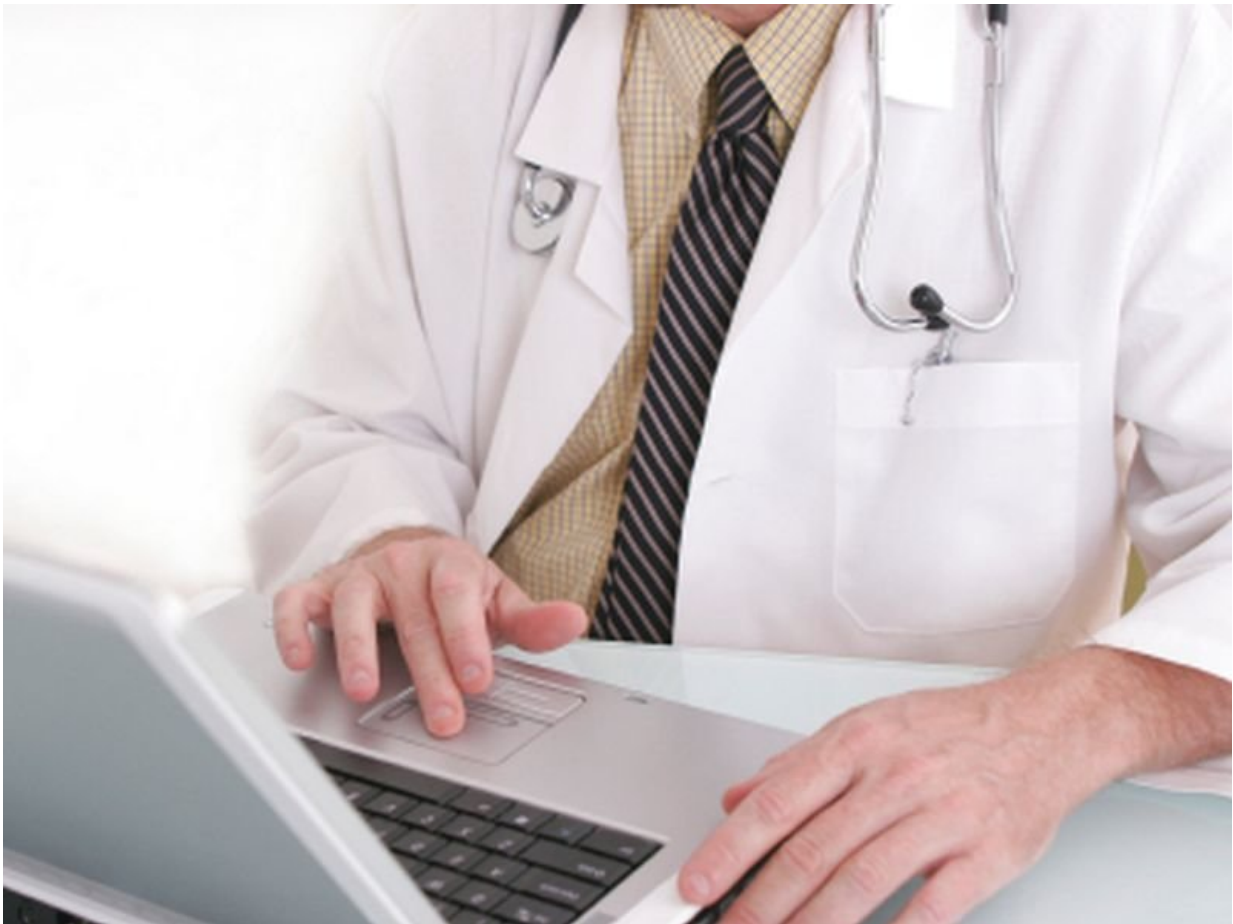


Recent years saw increase in burden of prior authorization

April 13 2018



(HealthDay)—The burden of prior authorization (PA) has increased over

the past five years, and 92 percent of physicians report associated delays in access to care, according to the results of a survey published by the American Medical Association (AMA).

The AMA administered the 27-question, web-based survey relating to PA protocols to 1,000 U.S. physicians who provide at least 20 hours of [patient care](#) per week.

According to the [survey](#), 86 percent of physicians report that PA burdens have increased over the past five years, with 51 percent reporting a significant increase. A [medical practice](#) will complete an average of 29.1 PA requests per [physician](#) per week; these take 14.6 hours to process, on average. Half the requests are for medical services and half for prescriptions. Almost two-thirds of physicians reported having to wait at least one business day for the decision from the health plan, while about one in four reported waiting an average of three to five days and 7 percent reported waiting more than five days. Overall, 92 percent of physicians said that PA sometimes, often, or always delayed patient access to care.

"Earlier this year, the AMA joined with other stakeholders—including the insurance industry trade group America's Health Insurance Plans and the Blue Cross Blue Shield Association—to issue a consensus statement that announced their commitment to improving the prior-authorization process," according to the article.

More information: [Abstract/Full Text](#)

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Citation: Recent years saw increase in burden of prior authorization (2018, April 13) retrieved 19 November 2023 from

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