



# PENNSYLVANIA ACADEMY OF FAMILY PHYSICIANS

3915 Union Deposit Road, #447 ♦ Harrisburg, PA 17109 ♦ p 717.564.5365 ♦ f 717.564.4235

CONTACT: Bryan D. Peach, Director of Media and Public Relations  
direct 717.395.0048 ♦ email [bpeach@pafp.com](mailto:bpeach@pafp.com) ♦ [www.pafp.com](http://www.pafp.com) ♦ [www.pafp.com/press](http://www.pafp.com/press)

## **Prior authorizations delay patient care 98 percent of time**

### **Family physicians survey reflects need for reform**

*(HARRISBURG, PA. Feb. 20, 2018)* Prior authorizations result in delays in care for patients nearly 98 percent of the time, according to a survey of nearly 400 Pennsylvania family physicians.

This is just one of the findings of a member survey recently conducted by the Pennsylvania Academy of Family Physicians. The percentage surpasses national data compiled by the American Medical Association that reported delays in care due to the prior authorizations process in 90 percent of cases.

As most patients now know, “prior authorization” is a process used by health insurers to determine if they will cover a prescribed procedure, service, or medication. The process is intended to act as a safety and cost-saving measure, but out-of-date bureaucracy has made it costly and time-consuming, often resulting in the delay of vital and necessary treatment.

“The fact is, along with many other barriers to the patient-physician relationship, prior authorization requirements by health insurers have become overly burdensome,” said PAFP President Edward Zurad, MD. “At the end of the day, these bureaucratic hurdles often jeopardize patient care by delaying or altering patient tests, treatment, and procedures. The Pennsylvania Academy of Family Physicians considers this one of our top legislative priorities for the 2017-18 session.”

“The stories behind the impact of prior authorizations are those of patients, not just numbers,” said PAFP President-elect David O’Gurek, MD. “Sadly, these patients risk and suffer complications from insurance policies that limit access to evidence-based therapies.

“Changing formularies force them to alternative or trial medicines for common illnesses such as diabetes, asthma, and COPD – when others have kept their diseases perfectly stable,” said O’Gurek. “This onerous process creates unnecessary red tape for clinicians, but these hassles are nothing compared to the jeopardized health of patients,” said Dr. O’Gurek.

“With over 50 percent of family physician respondents completing between six and 20 prior authorizations per week, we are unable to provide the right care at the right time – the quality care that Pennsylvanians deserve,” O’Gurek

continued. "The opportunity costs of this process are time spent in delivering direct care and providing access to those we serve," he added.

House Bill 1293, introduced by state Rep. Marguerite Quinn, would focus on streamlining the process, maximizing electronic communications, and lead to one standardized form with defined response times.

"At the end of the day, this is about improving patient care by reducing bureaucracy," said Quinn. "I believe my legislation will go a long way in improving medical services for all Pennsylvanians."

Quinn's bill is cosponsored by nearly 40 House members.

The findings of the PAFP's survey can be found attached to this media release.

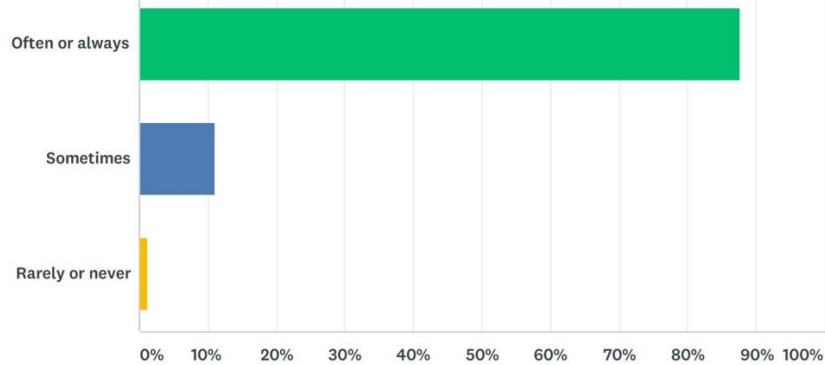
The Pennsylvania Academy of Family Physicians and its Foundation supports its members (including nearly 80 percent of Pennsylvania family physicians) through advocacy and education to ensure physician-coordinated, personalized, and comprehensive quality health care for every Pennsylvanian. The Academy and its Foundation are the leading influential resource among family physicians and physicians in training in Pennsylvania; the primary voice on health care issues with state legislative and administrative branches of government, media and professional health organizations; and the leader on health care issues in the community.

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# PAFP prior authorizations member survey 2018

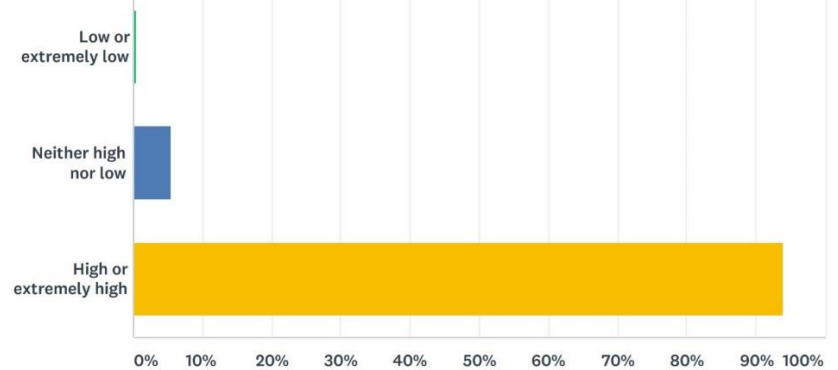
Note: Survey completed by 387 members of the Pennsylvania Academy of Family Physicians between Jan. 26 and Feb. 1, 2018. Results reflect a confidence level of 95 percent and a confidence interval of 4.8 given an estimated 5,500 members. Results are not scientific.

**Question 1: For those patients whose treatment requires Prior Authorization, how often does this process delay access to necessary care?**



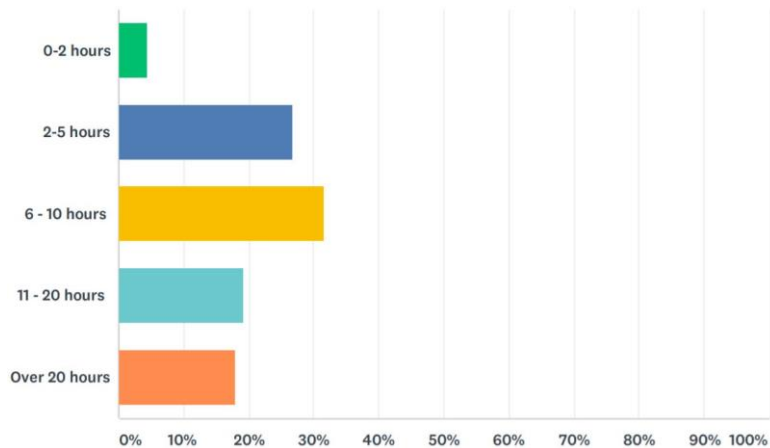
Often or always: 87.6% (339 responses); Sometimes: 11.11% (43 responses); Never: 1.29% (5 responses). Total responses: 387

**Question 2: How would you describe the burden associated with Prior Authorization for the physicians and staff in your practice?**



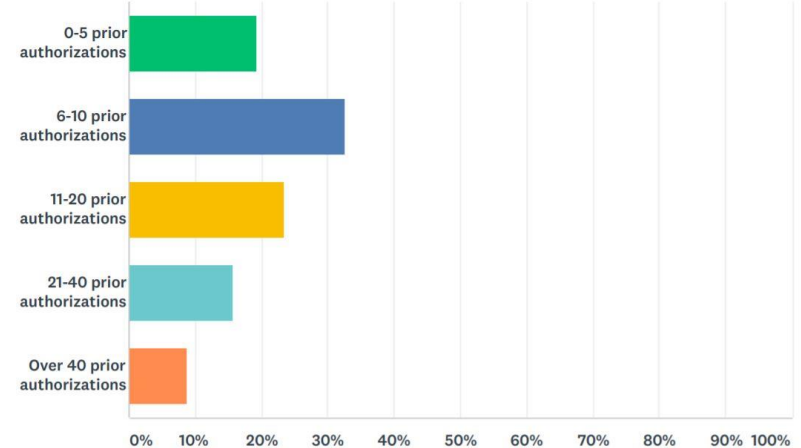
Low or extremely low: 0.52% (2 responses); Neither high nor low: 5.45% (21 responses); Extremely high: 94.03% (362 responses). Total responses: 385

**Question 3: Thinking about all of the Prior Authorizations you and your staff completed in the last week, please provide your best estimate of the number of hours spent processing these Prior Authorizations.**



0-2: 4.43% (17 responses); 2-5: 26.82% (103 responses); 6-10: 31.51% (121 responses); 11-20: 19.27% (74 responses); Over 20: 17.97% (69 responses). Total responses: 384

**Question 4: Please provide your best estimate of the number of prescription and medical services Prior Authorizations completed by you yourself and/or your staff for your patients in the last week.**



0-5: 19.32% (74 responses); 6-10: 32.64% (125 responses); 11-20: 23.5% (90 responses); 21-40: 15.67% (60 responses); Over 40: 8.88% (34 responses). Total responses: 383