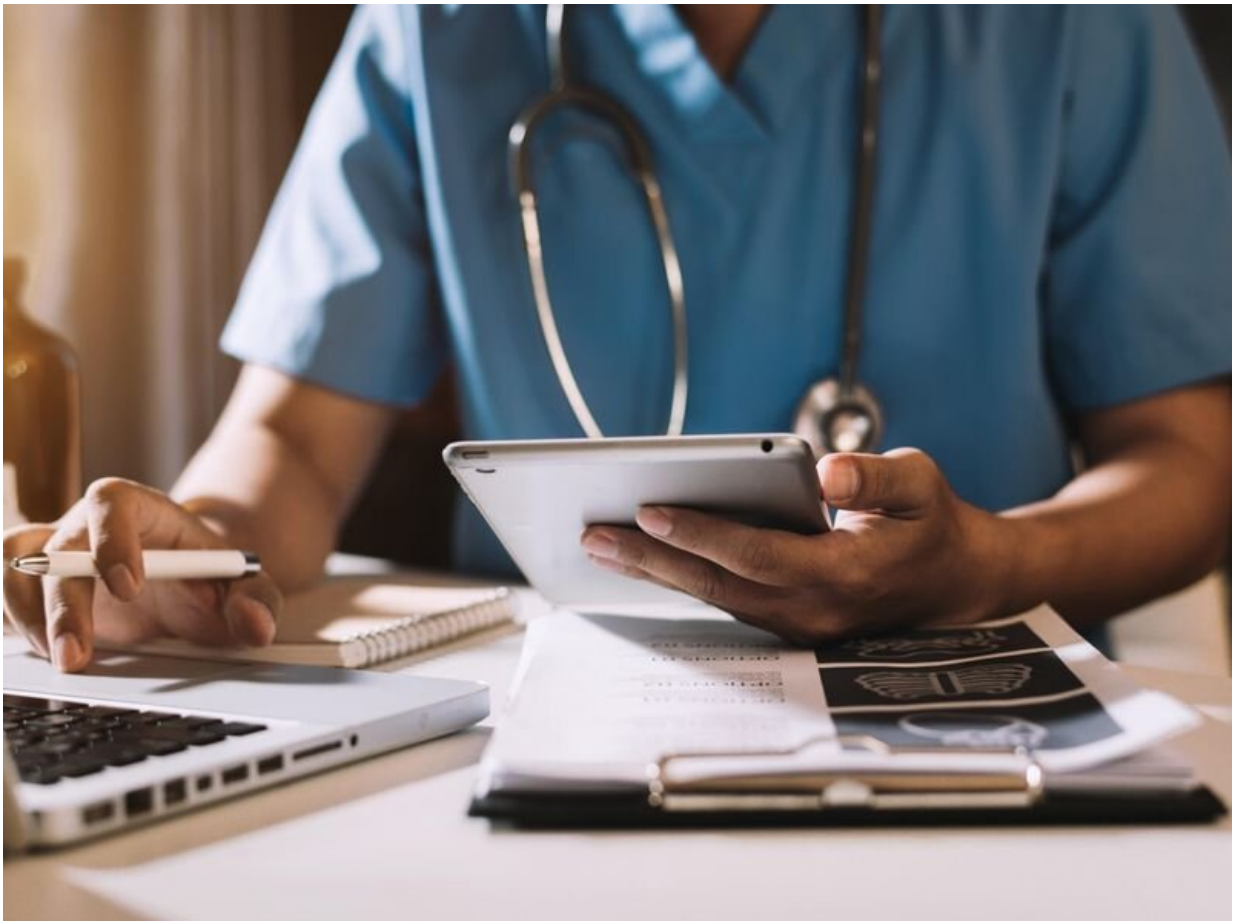


Prior authorization increases use of health care resources, physicians say

March 16 2023, by Lori Solomon



Almost two-thirds of physicians report that prior authorization results in

increased utilization of health care resources (e.g., additional office visits and initial use of less effective therapy due to step therapy requirements), according to survey results released by the American Medical Association (AMA).

A total of 1,001 practicing physicians responded to the survey. One-third of physicians reported that [prior authorization](#) led to a serious adverse event for a patient in their care, including hospitalization, permanent impairment, or death, while the majority (89 percent) reported that prior authorization had a negative impact on patient clinical outcomes.

Furthermore, most physicians reported that prior authorization delayed access to necessary care and 80 percent said patients abandoned treatment due to authorization struggles with health insurers. Nearly nine in 10 physicians (88 percent) said burdens associated with prior authorization were high or extremely high, with [medical practices](#) completing an average of 45 prior authorizations per physician, per week—consuming the equivalent of almost two business days (14 hours) of physician and staff time. More than one-third of physicians (35 percent) employ staff members to work exclusively on tasks associated with prior authorization.

"Health plans continue to inappropriately impose bureaucratic prior authorization policies that conflict with evidence-based clinical practices, waste vital resources, jeopardize quality care, and harm patients," Jack Resneck Jr., M.D., president of the AMA, said in a statement. "The byzantine system of authorization controls is rife with opportunities for reform and the AMA continues to work with federal and [state officials](#) on legislative solutions to reduce waste, improve efficiency, and protect patients from obstacles to medically necessary care."

More information: [Survey](#)

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