

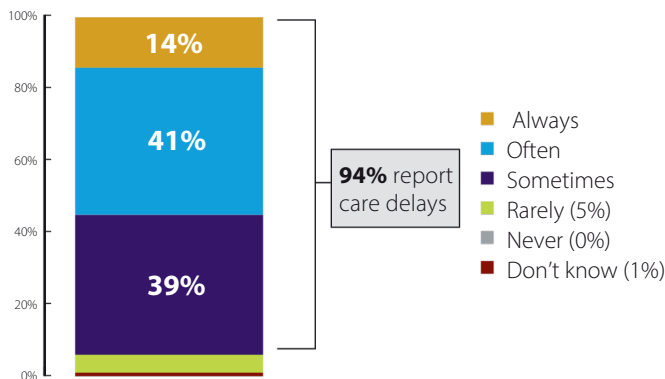
Prior authorization (PA) is a health plan cost-control process that requires health care professionals to obtain advance approval from the health plan *before* a prescription medication or medical service qualifies for payment and can be delivered to the patient. While health plans and benefit managers contend PA programs are necessary to control costs, physicians and other providers find these programs to be time-consuming barriers to the delivery of necessary treatment.

To assess the ongoing impact the PA process has on patients, physicians, employers and overall health care spending, the American Medical Association (AMA) annually conducts a nationwide survey of 1,000 practicing physicians (400 primary care/600 specialists) from a wide range of practice settings. As this year's findings demonstrate, the PA process continues to have a devastating effect on patient outcomes, physician burnout and employee productivity. In addition to negatively impacting care delivery and frustrating physicians, PA is also leading to unnecessary spending (e.g., additional office visits, unanticipated hospital stays and patients regularly paying out-of-pocket for care).

## Patient impact

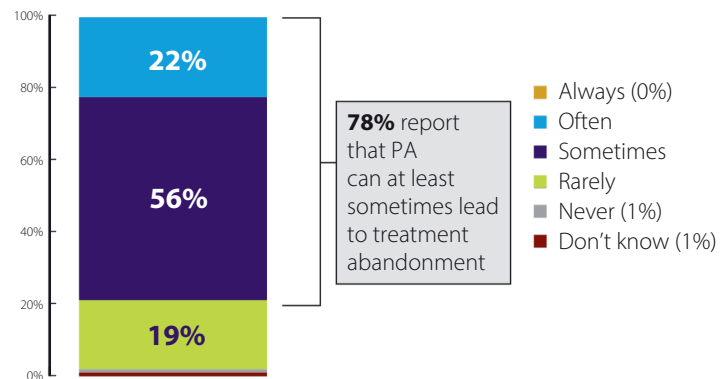
### Care delays associated with PA

**Q:** For those patients whose treatment requires PA, how often does this process delay access to necessary care?



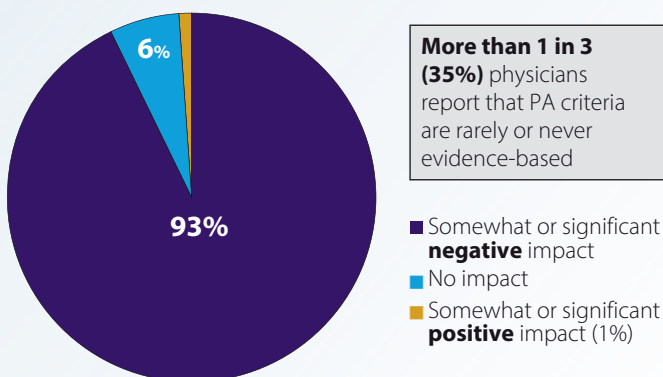
### Treatment abandonment due to PA

**Q:** How often do issues related to the PA process lead to patients abandoning their recommended course of treatment?



### Impact of PA on clinical outcomes

**Q:** For those patients whose treatment requires PA, what is your perception of the overall impact of this process on patient clinical outcomes?



(Survey completed by the American Medical Association, 2024)



**Nearly 1 in 4 physicians 24%**

report that PA has led to a **serious adverse event** for a patient in their care.

**19%**

of physicians report that PA has led to a patient's hospitalization

**13%**

of physicians report that PA has led to a life-threatening event or required intervention to prevent permanent impairment or damage

**7%**

of physicians report that PA has led to a patient's disability/ permanent bodily damage, congenital anomaly/birth defect or death

# Physician impact

PA leads to substantial administrative burdens for physicians, taking time away from direct patient care, costing practices money and significantly contributing to physician burnout. PA undercuts the financial stability of physician practices that are already struggling to stay solvent in this time of dwindling Medicare payments.

On average, practices complete

# 43

**PA**s per physician, per week

Physicians and their staff spend

# 12

HOURS

each week completing PAs



More than **1 in 3** or

# 35%

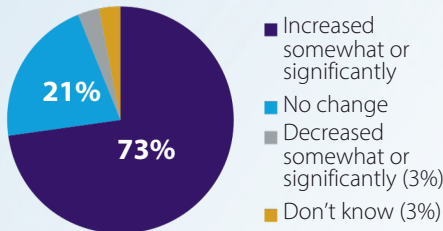
of physicians have staff who work exclusively on PA

## PA denials

More than **1 in 4 (27%)**

physicians report that PAs are **often** or **always** denied

**Q:** How has the number of PA denials changed over the last five years?



# 95%

of physicians report that PA **somewhat or significantly** increases physician burnout

## PA appeals

Fewer than

# 1 in 5 (18%)

physicians report that they **always** appeal an adverse PA decision

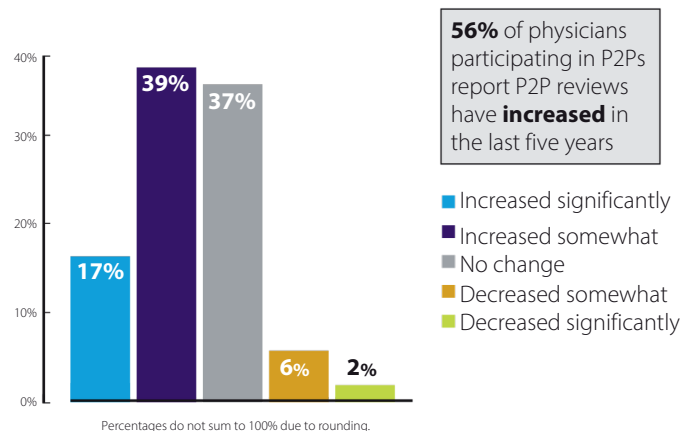
### Why don't physicians appeal?

- 62%** report that they do not believe the appeal will be successful based on past experience
- 48%** report that patient care cannot wait for the health plan to approve the PA report that they have insufficient practice staff resources/time
- 48%** report that they have insufficient practice staff resources/time

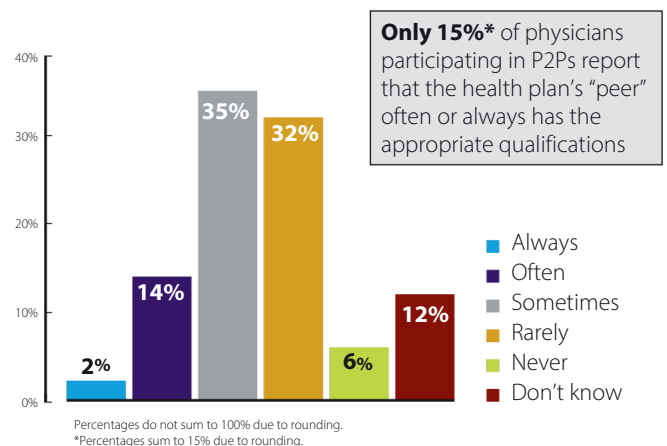
When navigating the PA process, especially when appealing an adverse health plan PA decision, physicians are often required to participate in a "peer-to-peer (P2P) review" with a health plan representative. In fact, **almost two out of three physicians (61%)** report **at least sometimes** having to participate in P2P reviews.

P2P reviews require the physician to speak directly with a health plan representative, disrupting patient appointments and consuming significant physician time. As the findings demonstrate, the frequency of P2Ps is increasing, and physicians often do not speak to an appropriately qualified "peer."

**Q:** How has the frequency of peer-to-peer reviews during the PA process changed over the last five years?



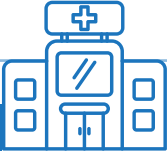
**Q:** How often does the health plan's "peer" have the appropriate qualifications to assess and make a determination regarding the PA request?





# What is **physician-led,** team-based care?

(GENERAL ISSUE OVERVIEW)



Physician-led, team-based care can help address some of the biggest challenges facing Kentucky's health care system:

### ACCESS



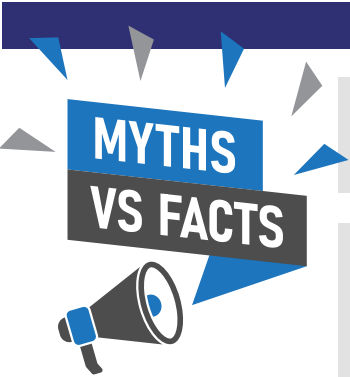
### QUALITY



### COST



*With more than a decade of rigorous education, clinical training and hands-on experience, **physicians are uniquely trained and qualified to lead your health care journey with the support of your full care team.***



**MYTH:** Expanding scope of practice laws to allow non-physicians to practice without physician involvement will increase access to care.

**FACT:** States with laws allowing non-physician groups to practice without physician supervision or collaboration have not guaranteed increased access in rural and underserved areas.

Under a physician-led, team-based model of care, physicians and other health professionals work collaboratively, within their scope of experience and education, to ensure patients receive quality, safe and accessible care. **Most importantly, this model leads to the best health outcomes for our patients.**

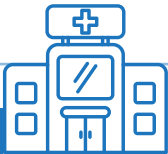
For more information and resources, visit [kyphysicianscare.org](http://kyphysicianscare.org).





# Education and experience **matter**

(PHYSICIAN/NON-PHYSICIAN COMPARISON)



## Education and Experience Matter

When it really matters, Kentuckians want the **most qualified person in the room** leading their care. That's why patients trust a physician-led, team-based approach.

Experience & Education	Physician (M.D./D.O.)	Physician Assistant	CRNA	Nurse Practitioner	Psychologists
Length of Graduate Level Education	4 Years	2-2.5 Years	2-3 Years	2-4 Years	3 Years
Years in Residency/ Fellowship	3-7 Years	Not required	Not required	Not required	1 Year
Total Patient Care Hours Required Through Training	12,000-16,000 Hours	2,500 Hours	2,000 Hours	500-700 Hours	1-2 Years



### Education

Depending on specialty, a physician is required to complete anywhere from 7 to 11 years of post-graduate education. Kentucky also requires physicians to complete many hours of continuous medical education (CME) each licensure cycle.



### Hands-on Experience

During their residency, physicians treat *actual* patients and get hands-on clinical experience.



### Licensure

Physicians must undergo rigorous testing to earn their medical licenses and most become board certified.

## THE BOTTOM LINE

A physician's education and experience matter – not just to the patients who trust them with their health, but to the entire team delivering their care.

For more information and resources, visit [kyphysicianscare.org](http://kyphysicianscare.org).

