

ASTRO PUSHES BACK ON PRIOR AUTHORIZATION

The American Society for Radiation Oncology (ASTRO) is urging Congress to revamp the prior authorization process, which oncologists surveyed by the group say delays cancer treatments. But the health insurance plan lobby says that only a small percentage of services must go through prior authorization and plans to launch a demonstration later this year on automating the process.

ASTRO conducted a nationwide web survey of its members in late 2018, and the group says the findings, "make clear that restrictive prior authorization practices cause unnecessary delays and interference in care decisions for cancer patients."

About 30% of the providers who responded said the average length of treatment delay their patients see due to prior authorization is between one and three days, 32% said the delay is between four and five days and 31% said the average delay their patients see due to prior authorization is more than five days.

"These findings are cause for alarm given research linking each week of delay in starting cancer therapy with a 1.2% to 3.2% increased risk of death," a summary of the ASTRO survey says.

ASTRO says most requests submitted by the radiation oncologist are initially approved, and nearly two-thirds of providers who responded to the survey said most denials they receive during the process are overturned on appeal.

Private insurers are more likely to require prior authorization than are Medicare or Medicare Advantage, though the latter have those requirements as well, according to the survey.

"Legislation is needed to relieve radiation oncology patients and physicians of the burden from restrictive prior authorization. ASTRO looks forward to working with policymakers and stakeholders to develop policy-based solutions to fix this broken system," said Paul Harari, the chair of the ASTRO board of directors.

America's Health Insurance Plans (AHIP) is coordinating a demonstration to automate prior authorization and expects to launch the project later this year. AHIP intends to work with an independent evaluator to look at the program's impact and release a final report in early 2020.

The AHIP spokesperson called prior authorization an important tool to make sure patients get the best outcomes and more efficiencies. AHIP also pointed to studies that show variations in spending without correlations to quality of care and said more than 20% of medical care is unnecessary. ■