

# Why Simplifying Prior Authorization Makes Sense

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**S**implify Prior Authorization (SPA) is an initiative that was created following the release of the white paper on Private Payer Prior Authorization in Canada in November 2020 by Connex Health and the Pangaea Group. The paper outlined challenges and opportunities of the current prescription drug prior authorization (PA) experience.

It also included a list of recommendations to improve the PA process and the experience for plan members and other stakeholders that work within the PA process to help patients access their prescribed medications. The list of stakeholders is extensive. Prescribing physicians, patient support programs (PSPs), pharmacists, and, in the case of oncology, drug access navigators (DANs) all play a pivotal role in the process.

One of the key observations of the research is that advisors and plan sponsors, being removed from the PA process are not familiar with the administrative complexities of the application and approval of PA products. Further, like non-PA drug claims, they are unlikely to be aware when a PA claim is taking an extended period of time to make its way through the approval process or when it is declined by their payer unless an employee brings it to their attention, which they are unlikely to do for privacy reasons. If advisors and plan sponsors are not aware of how the PA process is working, then they cannot evaluate the impact and efficiency of a service for which they are paying through insurer plan administration fees.

To improve awareness of current PA processes and practices, the white paper included a recommendation for an information campaign targeted to all stakeholders about PA, its challenges, and the impact of the process on patients and other PA stakeholders, along with solutions that could offer improvements.

Since the release of the white paper,



the SPA initiative has been working in collaboration with PA stakeholders and others with an interest in addressing inefficiencies in the current process to simplify PA based on a three-pronged approach:

- an information campaign
- an online resource for additional information and support to PA stakeholders
- additional field research to determine the most effective way for PA stakeholders to adopt technology that will simplify the PA process without infringing on the claims criteria which is proprietary to each insurer.

## White Paper Background

The research culminating in the white paper was a response to the challenges in the complex claims process where time to approval is critical to avoid delays for patients requiring access to life-saving or life-altering, often specialty, drugs. Patient support programs – including Bayshore, BioScript, Innomar, McKesson, and Sentrex – are employed by specialty drug manufacturers and insurers and have assisted in relieving some of the burden on physicians and patients.

However, the PA process is a largely paper-based manual process which is convoluted and frustrating for physicians, pharmacists, PSPs, and DANs, as well as patients at a time when they are most vulnerable. Representatives from these

groups were consulted during research for the white paper and during additional field research. Physicians, pharmacists, patient groups, PSPs, DANs, and PBMs all said patients would benefit from a simplified, more streamlined process that would improve the experience for all stakeholders involved and improve administrative efficiencies. Based on this additional field research and other marketplace developments, we believe the time is right to move forward with an agnostic ePA solution.

## The History Of PA

Although PA is not a new phenomenon, with the first few products subject to PA over 20 years ago, the list of products where PA is a requirement now numbers in the hundreds and continues to grow as new specialty or high use drugs are added. PA has become an integral part of drug plan management for insurers. As more products are added to PA lists, the administrative burden for payers and other PA stakeholders also increases because of the largely manual paper-based claims process.

Physicians are particularly concerned about the administrative burden and delays in access on behalf of their patients. Dr. Mark Vincent, a medical oncologist at the London, ON, Regional Cancer Program, told listeners in a summer 2021 episode of the SPA Benefits Connexion podcast

that treatments are often delayed due to a “complicated bureaucratic process.” He went on to say that “doctors should not be doing a lot of this paperwork; it should be automatic. A small investment to fix this problem, compared to the dollar value of the new drugs that we put through our cancer centre every month, [to] have a software program that can facilitate this will have huge returns to the patients, doctors, the pharma industry, and even to private payers.”

### SPA Market Adoption

Since the white paper, the SPA initiative has engaged multiple financial partners and stakeholders interested in improving the PA process. These groups are working together through a steering committee and multiple working groups. Their goal is to raise awareness and encourage multi-stakeholder engagement, explore opportunities for a not-for-profit resource agency funded through ongoing stakeholder support, and research the role technology could play in simplifying the prior authorization process without compromising payer autonomy over criteria.

- **Communications**

In spring 2021, the SPA group launched a microsite ([www.simplifypriorauth.ca](http://www.simplifypriorauth.ca)), and delivered several speaking engagements, blogs, and podcasts. The goal of this campaign was to highlight the challenges of PA to a larger private payer audience and identify the opportunities to improve the PA process and the patient experience. Blogs in 2021 have showcased the perspective of insurers and pharmacy benefit managers, prescribing physicians, and patients. Several podcasts featuring a DAN, Dr. Vincent, and rheumatologist Dr. Imtiaz Khan were also released. In these blogs and podcasts, the experiences and challenges they, their patients, and colleagues face in navigating the current PA process are discussed. They all provided insights on how to improve it.

The SPA campaign and larger initiative has already had a positive impact with at least some payers now considering their options to improve the PA process through technology. More content and communication will follow in 2021 and 2022 to continue to move the discussion forward. Options being proposed include:

- **Resource Agency**

The resource agency working group has developed a model for a not-for-profit PA resource agency that includes a role as a central information hub for all PA stakeholders and will include education on PA, insights into best practices, and additional PA resources for patients. This group will be funded by SPA partners and supporters to provide a permanent agnostic resource in the marketplace.

- **ePA Technology**

A technology solution is an obvious way to deliver administrative efficiencies for all stakeholders, create a common platform for information transfer and communication between stakeholders, and improve payer turnaround time in communicating their decision on PA claims for plan members. There are two issues that are critical to successfully implementing electronic PA; the first is to clearly define the parameters of the technology and the second is to gain stakeholder buy-in.

Any technology solution for PA must include parameters for compliance purposes, including privacy legislation, protection of data storage, data ownership, and data sharing, as well as electronic signature verification. Stakeholders who buy-into the technology must also be confident that an ePA solution will not compromise their existing role and responsibilities, particularly for payers who see PA management as a strategic advantage in a highly competitive market. An ePA solution must be easy to learn, access and use and must be flexible in order to adapt to the changing needs of a diverse mix of PA stakeholders. While U.S. technologies were considered, it was clear that if we’re going to have a solution that works for all stakeholders in Canada, we were going to have to build our own. Other groups who have looked at importing a solution came to the same conclusion.

The solution Connex Health has negotiated on behalf of SPA stakeholders is with OkRx ([www.okrx.ca](http://www.okrx.ca)), a Canadian cloud-based health technology provider that can manage the requirements of moving towards a full ePA process. OkRx currently manages from the prescriber up to the point at which the claim is submitted to a payer. As payers adopt the technology to receive the claim form electronically, either through OkRx or otherwise, the ePA system supported by OkRx will be able to transmit completed claim forms electronically to these payers. Prescribers

or those who are working with patients to complete claim forms (PA stakeholders) will have online access to insurer claim forms and eSignature function. The system will prompt each stakeholder to complete their section of the form and prompt for sign-off by the individual responsible for submitting the claim to the payer. Preferred pricing is available to all manufacturers who are part of the SPA initiative. This simplified process is agnostic and can be used by any manufacturer, payer, or other stakeholder group and delivers a simplified PA process.

### The Future Of SPA

This fall and into 2022, the SPA initiative will continue forward with three strategies and encourage more PA stakeholders to become engaged, contributing to podcasts, blogs, articles, the resource group, and exploring the SPA OkRx ePA solution. We believe there has already been some movement since we began the white paper research and that at least some payers are now considering their options to improve the PA process by adopting an ePA solution.

The engagement of PA stakeholders is promising, but is not comprehensive. The SPA initiative will benefit from greater representation from a diverse range of PA stakeholders, including payers, patient groups, pharmaceutical manufacturers, and representatives from physician and pharmacy associations. **BPM**



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