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Shaping Healthcare Possibilities

Empowering Healthcare: The transformation of Prior Authorization with Intelligent automations

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Introduction

Prior Authorization (PA) processes in healthcare have always been recognized as a critical yet cumbersome necessity. They balance the need for appropriate patient treatments and cost control, but often result in delays and treatment abandonment. PA has always walked a fine line between thoroughness and efficiency. In the US, the annual cost of Prior Authorization processes is estimated to be $25 billion. As per a survey conducted by RevCycle Intelligence, 94% of patients noted a delay associated with PA, with 79% reporting that PA delays can lead to treatment abandonment.

However, with the recent CMS Interoperability and PA Final Rule published in January 2024, a transformation is imminent. This rule aims to meet a 72-hour decision-making mandate and leverage intelligent automation. These changes promise to streamline and accelerate the PA process, reduce Provider burden, and improve patient care and satisfaction.

The traditional PA process is plagued by delays, manual errors, and inefficiencies, which negatively impact patient engagement and create administrative challenges for Healthcare Providers. Recognizing the need for improvement, the industry is embracing innovative solutions to overcome these challenges. In this article, we will delve into the challenges of the current PA process and explore the potential solutions that are paving the way for a new era in Healthcare.

CHALLENGE I

Delays from multiple Provider communications for medical necessity determinatio

The traditional PA process often involves numerous back-and-forth communications between Healthcare Providers and case reviewers to gather necessary information for determining medical necessity. This communication can be time-consuming and prone to errors, leading to delays in patient care.

▶ Potential Solution

Evidence-Based Clinical Decision Support (CDS) and AI-Enabled Alerts are pioneering changes by automating determinations and alerting providers to missing information in real-time, respectively. This dual approach not only reduces delays but also enhances the quality of care by ensuring decisions are made based on the latest clinical guidelines.

Integrating CDS tools like UpToDate and DynaMed into Electronic Health Records (EHRs) can help healthcare providers make informed decisions based on the latest clinical guidelines This reduces the need for multiple outreach attempts, ensuring the initial request aligns with evidence-based guidelines.

Furthermore, leveraging natural language processing technology, real-time analysis of PA requests can identify missing information according to evidence-based clinical guidelines. Providers can then be alerted to submit the required details promptly, streamlining the process and minimizing the need for follow-up communications.
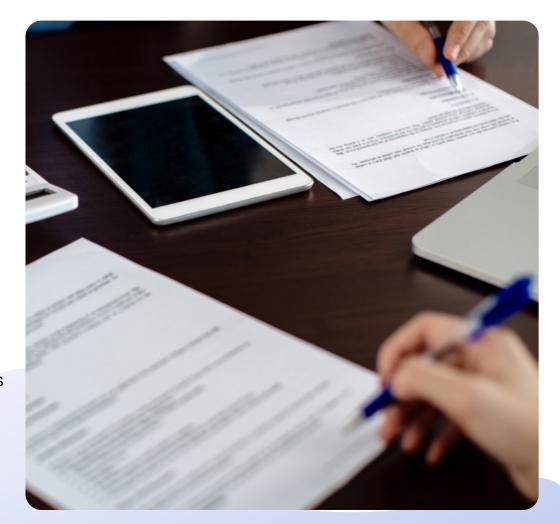
CHALLENGE II

Delayed approvals and operational burden

Even Providers with high prior authorization approval rates have to go through the same lengthy approval processes as others, resulting in avoidable delays and increased administrative burdens.

▶ Potential Solution

Introducing a 'Gold Card' program can accelerate the PA process for trusted Providers who consistently maintain high approval rates and adhere to evidence-based guidelines. This program streamlines administrative tasks and expedites patient access to essential treatments, all while ensuring high-quality care is maintained.

CHALLENGE III

Inefficient case allotment to nurses and MDs

Assigning an excessive workload or incorrectly assigning cases to PA reviewers, such as nurses and MDs, can overwhelm them and result in inefficiencies.

▶ Potential Solution

Implementing machine learning models to intelligently allocate PA cases based on complexity and urgency can optimize the workflow. This system ensures that cases are assigned to the appropriate clinicians, nurses, or MDs, improving overall efficiency and reducing the workload on overburdened healthcare professionals.

CHALLENGE IV

Time-consuming clinical document reviews

The review of clinical documents for determining medical necessity is a time-consuming task within the PA process, demanding a comprehensive assessment by PA reviewers/clinicians.

▶ Potential Solution

By integrating Gen AI technology to summarize and extract relevant information from clinical documents, the PA review process can be streamlined. This implementation can significantly reduce the time spent on manual reviews, enabling faster decision-making.

By incorporating these advanced solutions, the efficiency of the PA process will improve, leading to a redefined utilization management. Swift decision-making based

on the latest evidence will enable healthcare to be more responsive to patient needs while potentially maintaining or even reducing costs. CMS has also recommended payers to use CQL (Clinical Quality Language) rules for enhancing prior authorization processes, data exchange practices, and supporting timely, high-quality care. Payers can use CQL to efficiently and accurately query electronic health records (EHRs) and auto-populate the required documentation templates.

Health plans leverage either proprietary or third-party evidence-based clinical pathways to determine the medical necessity of requested healthcare services. The commercialization of CQL rule-based clinical pathways, easily integrated into electronic PA solutions, is expected to rise, streamlining the entire process.

The future of prior authorization is undergoing a transformation through various innovations such as intelligent automation, artificial intelligence, and interoperability standards. These advancements pave the way for a more efficient, effective, and patient-centric approach. As the healthcare industry continues to embrace these technologies, the PA process will become less of a bottleneck and more of a seamless part of delivering high-quality care. Collaboration between Healthcare Providers, Payers, and IT professionals will be crucial in realizing this vision and driving the evolution of prior authorization towards a brighter, more efficient future.

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