

# Implementation of Electronic Prior Authorization Process in an Integrated Health System



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## BACKGROUND

- ❖ The prior authorization (PA) process is intended to optimize patient outcomes by ensuring that patients receive the most appropriate medication therapy<sup>1</sup>
- ❖ The time required to complete the prior authorization process is an area of concern for patients, prescribers, and pharmacists
- ❖ As of January 1, 2016, Minnesota requires all drug prior authorization requests be submitted electronically<sup>2</sup>
- ❖ The health system partnered with pharmacy services to ensure successful and seamless implementation of new PA requirements across 75 primary care and specialty clinics, 6 hospitals, 30 retail pharmacies and the specialty pharmacy

## PROGRAM DESCRIPTION

- ❖ The central PA team consists of 8 employees with varying pharmacy, clinical, and referral management experience
- ❖ Centralization and transition to the ePA process began with 6 clinics in December 2015 and since January 2016 is expanding system-wide in phases
- ❖ Overall, the ePA process shifted the majority of PA work from the pharmacy and providers (Figure 1) to the central PA team and pharmacy benefits manager (PBM) (Figure 2) and allowed the provider to know at the time of prescribing when a PA may be required
- ❖ Current patient benefits are verified before a prescription is written either by nightly data share with PBM or real-time electronically during the patient visit
- ❖ Electronic Prior Authorization process (Figure 2):
  - **Step 1:** Electronic prescription (ePrescribe RX) entered in medical record and anticipated PBM coverage available for provider
    - If drug not covered or PA required, alternative medication list available for provider to change medication
    - If no alternatives available or provider does not want to change therapy, **prescription request is sent to PBM**
    - If drug is covered, the **prescription is released to the designated pharmacy**
  - **Step 2:** PBM submits question set to Central PA Team
  - **Step 3:** Central PA team completes the question set and submits to PBM
  - **Step 4:** PBM determines PA status (approved or denied) and sends response to Central PA team
  - **Step 5:** Central PA team notifies providers of denials. Approved prescriptions are sent to designated pharmacy for fulfillment
- If at any time, a prescription cannot be processed any further in the electronic process (final status, or cancelled) it is released to the designated pharmacy*
- ❖ All prescriptions for eligible plans and enabled providers default to the ePA process; however, providers can manually remove ePA processing for ePrescribed prescriptions

## OBJECTIVE

Evaluate ePA program implementation and impact on PA response time to determine provider acceptance of the new ePA process and determine if PA response times became more efficient than with the prior method

## TABLES/CHARTS

Figure 1. Manual Prior Authorization (PA) Workflow

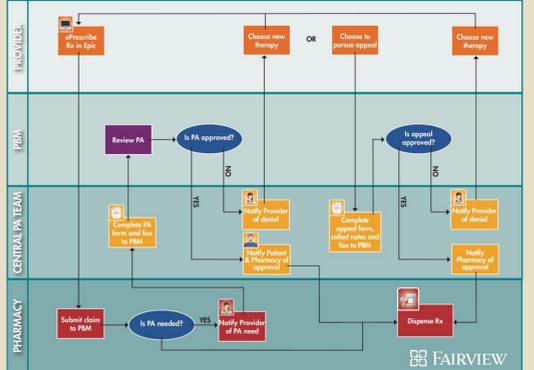


Figure 2. Electronic Prior Authorization (ePA) Workflow

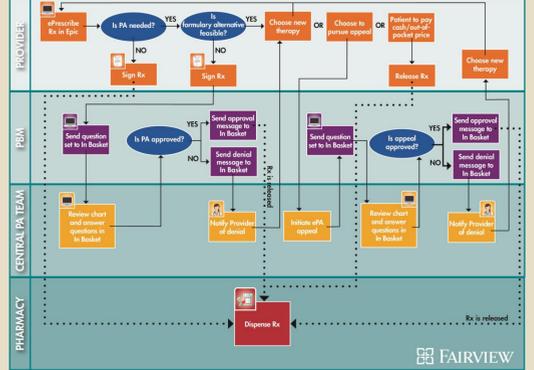


Figure 3. Proportion of ePA enabled and active prescribers & number of prescriptions submitted through ePA process

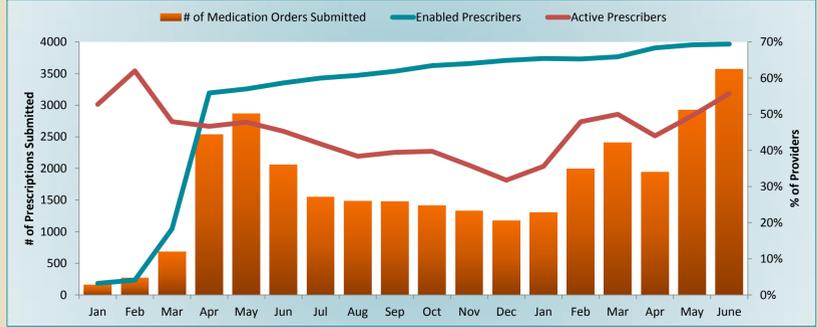
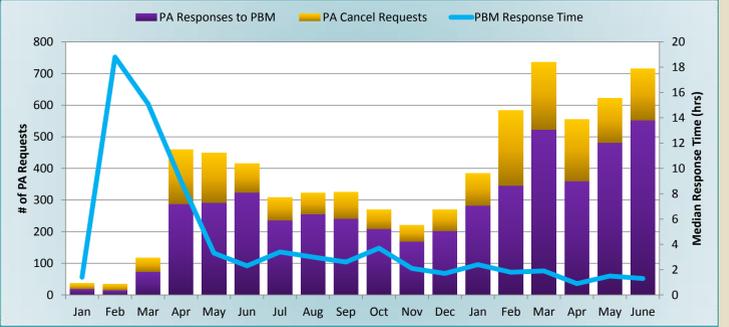


Figure 4. Number of ePAs received by central team and response time by PBM for completed ePAs



## REFERENCES

1. Academy of Managed Care Pharmacy. *Concepts in managed Care Pharmacy Series -- Prior Authorization*. 2012. [http://www.amcp.org/prior\\_authorization/](http://www.amcp.org/prior_authorization/) (accessed December 13, 2016).
2. Minnesota Statutes, section 62J.497, subd. 5 Electronic drug prior authorization standardization and transmission.

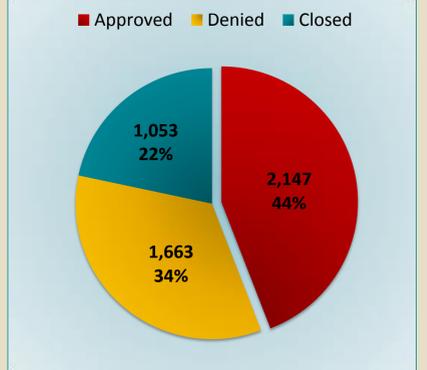
## METHODS

- ❖ We summarized monthly implementation metrics, including enabled and active prescribers, and PA response time from January 2016 to June 2017

## RESULTS

- ❖ Provider enablement increased throughout the time period and nearly 70% of providers were ePA enabled by June 2017 and 56% were actively using ePA capabilities (Figure 3)
- ❖ During the time period, over 31,000 prescriptions were successfully transmitted electronically through the ePA process (Figure 3)
  - Of those, 6,695 (21 %) were returned with a question set.
- ❖ In the first half of 2016, nearly 40% of ePA question sets could not be returned to their respective PBM.
  - To improve success rates, Fairview collaborated with individual PBMs to address question set issues (inclusion of radio buttons instead of free text responses) and technology glitches
  - Over the course of the time period, 19% of ePA question sets could not be returned electronically (PA cancel request; Figure 4)
- ❖ The median response time by the PBMs for completed ePA question sets improved dramatically during the first half of 2016 (18.8 hours in February to 3.3 hours in May)
  - By December, the median response time for a completed ePA request was only 1.7 hours and by June 2017 the response time was further reduced to 1.3 hours.
  - Among all successfully completed ePAs during the 18-month time period (N=4,863), 2,147 (44%) were approved, 1,663 (34%) were denied, and 1,053 (22%) were closed (Figure 5)

Figure 5. PA Response Status



## CONCLUSIONS

- ❖ Implementation of an ePA system can decrease PA processing time from days to hours
- ❖ This process provided several benefits to our health system including: 1) removing the responsibility of individual clinics to complete PA requests, 2) removing the PA work from the pharmacy workflow, and 3) increasing the proportion of patients that are able to obtain PA-required medications the same day the prescription was written
- ❖ Regular provider education, increased pharmacy benefit manager connectivity, and EMR system upgrades will help expand use of ePA across our health system