



## ASCO Prior Authorization Survey Summary

### Introduction

The Association for Clinical Oncology (ASCO), an affiliated organization of the American Society of Clinical Oncology, recently conducted a survey of its members in the United States to assess the impact of prior authorization on cancer care.

The survey had two research objectives. The first was to assess the current impact of prior authorization on individuals with cancer and the people who care for them.

The second was to inform ASCO's advocacy initiatives on prior authorization reform. The survey also gave respondents an opportunity to share personal stories that convey the real-life impact of prior authorization.

Other surveys on prior authorization have been conducted by [the American Cancer Society Cancer Action Network](#) (ACS CAN), the [American Medical Association](#) (AMA), and [American Society for Radiation Oncology](#) (ASTRO), but in light of the growing concerns expressed by ASCO State Affiliates and other ASCO volunteer groups, ASCO wanted to collect and examine the latest data and experiences from its members with its own survey.

**Guiding Actionable Insights:** The survey results show three main takeaways: prior authorization is (1) **delaying patient care**, (2) **impacting cancer care outcomes**, and (3) **diverting providers from patient care**.

### Survey Methodology

#### *Measure*

The ASCO member survey was comprised of 18 questions, 17 quantitative and 1 qualitative, and typically completed in 6 minutes. A response was not required for each question. Instead, respondents were encouraged to provide responses to the questions they could address.

#### *Procedure*

The survey was administered for 25-business days, from Monday, June 27 through Saturday, July 30, 2022. It was sent to 7,276 domestic ASCO members by email and promoted on social media and across member communications channels. These channels included the ASCO in Action newsletter, ASCO Connection newsletter, Latest News for State Affiliates, and State Society Network.

## Analysis

Question-level responses summarize the descriptive results of those who addressed the question and are presented as an average or proportion. Proportions were calculated as the percentage of respondents reporting the median value or less.

## Results

### Participants

Three hundred members responded to the survey and were included in the descriptive analysis.

Most respondents identified Medical Oncology as their primary area of clinical practice ( $n = 164$ ; 55%) and were comparably distributed across primary practice setting (Community/Hospital-Based Health Network/System ( $n = 105$ , 35%), Private Practice ( $n = 101$ , 34%), Academic/University ( $n = 87$ , 29%)). Respondents generally reported having 10 or fewer physicians in their practice ( $n = 159$ , 53%) and 3 or fewer practice sites ( $n = 175$ , 59%).

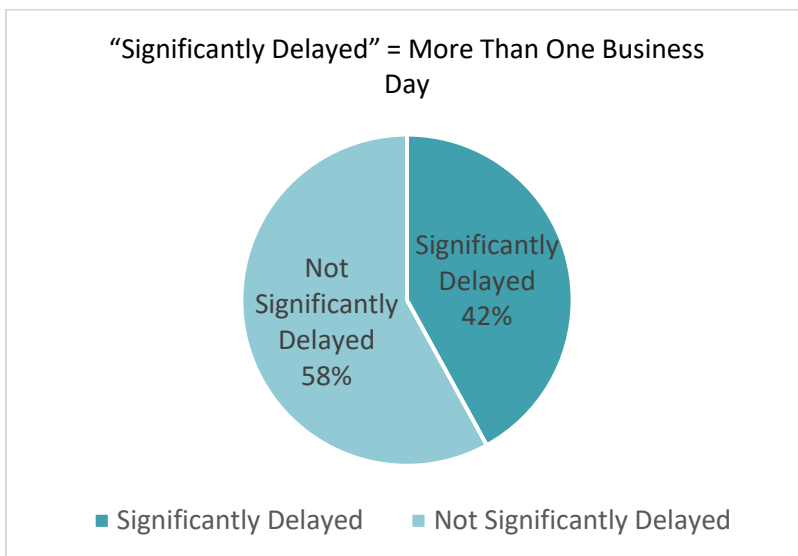
Most practices reported completing 50 or fewer prior authorizations per week ( $n = 160$ , 56%) and spending 40 hours or less per week on them ( $n = 151$ , 53%).

Billing Staff were most frequently identified as initiating prior authorization ( $n = 92$ , 31%) and more than half of respondents reported having two or fewer staff in their practice working exclusively on prior authorizations ( $n = 152$ , 52%).

### Prior Authorization Experience

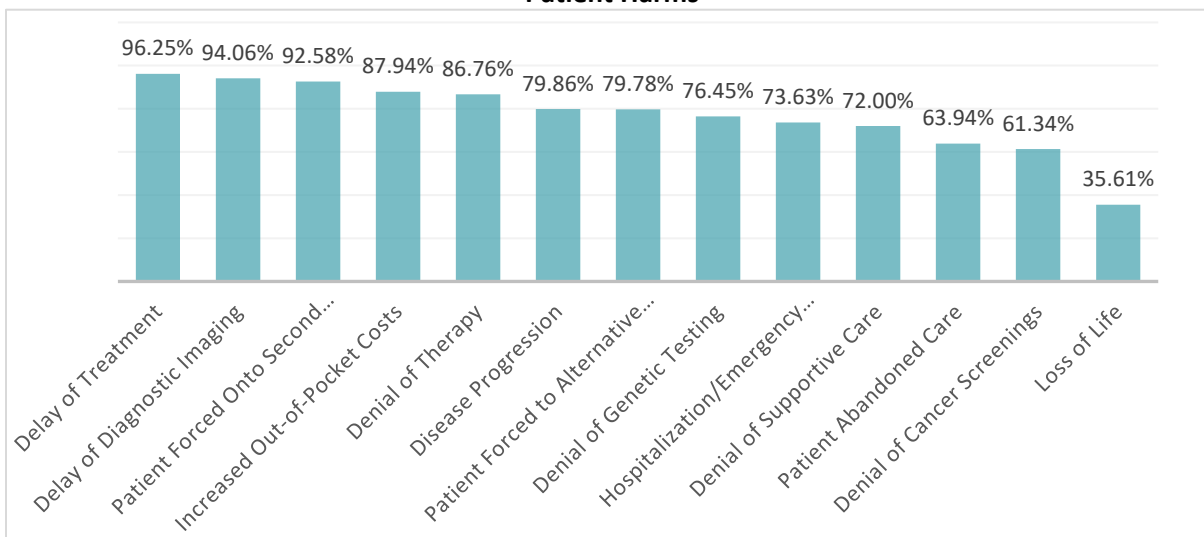
- **Prior Authorization Completion Rate.** A single prior authorization that does not escalate beyond the initiating staff member is typically completed in 1 hour or less ( $n = 159$ , 56%), while a prior authorization that does escalate beyond the initiating staff member is typically completed in 3 hours or less ( $n = 180$ , 63%)
  - In addition, on average, prior authorization requests are:
    - Approved 78% of the time ( $n = 293$ )
    - Responded to by a payer in 5 business days ( $n = 289$ )
    - Escalated beyond the initiating staff member 34% of the time ( $n = 289$ )
    - Perceived as leading to a serious adverse event for a patient with cancer 14% of the time ( $n = 289$ )
  - As shown in the chart below, prior authorizations are significantly delayed by more than one business day 42% of the time ( $n = 295$ ):

### Significant Care Delays



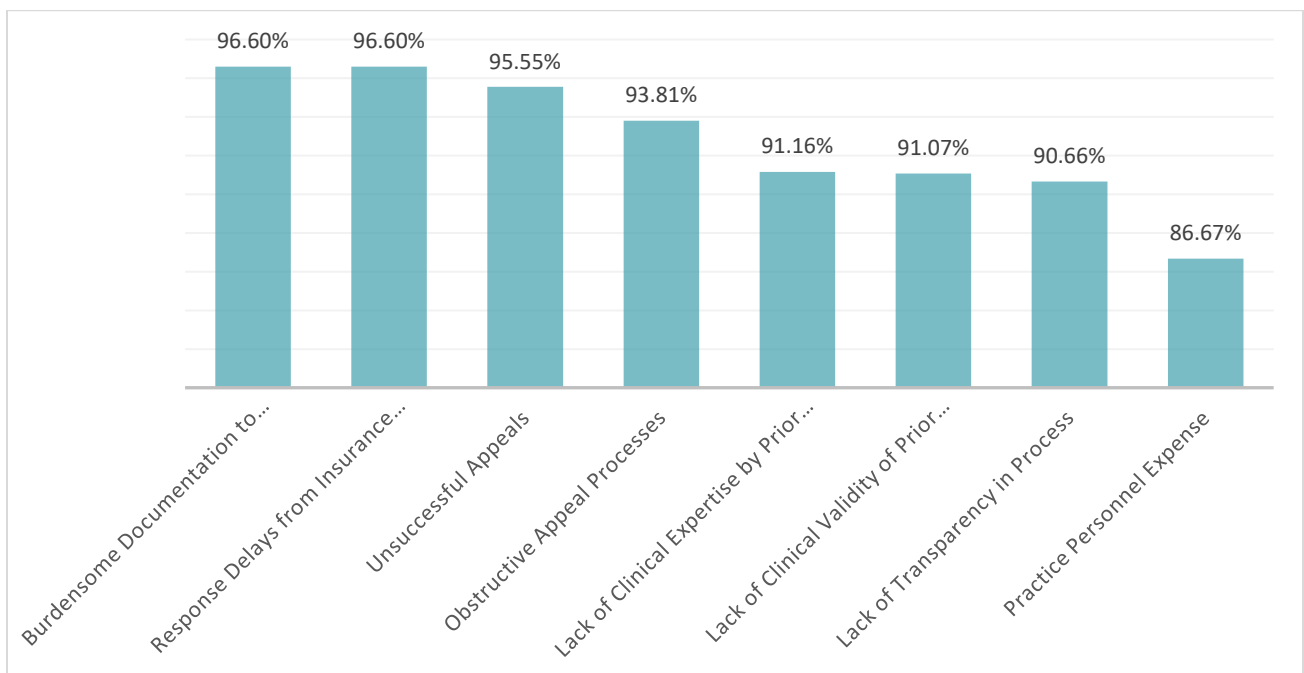
- Patient Harms.** Nearly all respondents reported their patients have experienced harm because of prior authorization. Leading harms include:
  - Delay of Treatment ( $n = 282, 96\%$ )
  - Delay of Diagnostic Imaging ( $n = 269, 94\%$ )
  - Patient Forced onto Second Choice Therapy ( $n = 262, 93\%$ )
  - Increased Out-of-Pocket Costs ( $n = 248, 88\%$ )
  - Denial of Therapy ( $n = 249, 87\%$ )

### Patient Harms



- Other harms Include: Disease Progression, Patient Forced to Alternate Site of Service, Denial of Genetic Testing, Hospitalization/Emergency Rooms Visits, Denial of Supportive Care, Patient Abandoned Care, Denial of Cancer Screenings (Table above shows all patient harms and response rates.)
- **Over a third of respondents ascribed Loss of Life ( $n = 94, 36\%$ ) to prior authorization.**
- **Practice Hurdles.** As shown in list and table below, nearly all respondents are experiencing hurdles to receiving prior authorization approvals:
  - Burdensome Documentation to Demonstrate Necessity ( $n = 284, 97\%$ )
  - Response Delays from Insurance Companies ( $n = 284, 97\%$ )
  - Unsuccessful Appeals ( $n = 279, 96\%$ )
  - Obstructive Appeal Processes ( $n = 273, 94\%$ )
  - Lack of Clinical Expertise by Prior Authorization Reviewers ( $n = 268, 91\%$ )
  - Lack of Clinical Validity of Prior Authorization Programs ( $n = 265, 91\%$ )
  - Lack of Transparency in Process ( $n = 262, 91\%$ )
  - Practice Personnel Expense ( $n = 247, 87\%$ )

**Hurdles for Practices**



- **Other Patient Services.** Respondents were asked what patient services their practice would expand if they could reallocate the resources currently going to processing prior authorizations. Common themes among the 242 answers include:
  - **“See more patients”**
  - “Expand supportive care services” (i.e., new patient navigation, financial counseling, patient education, nutrition counseling, psychosocial support)
  - “Nurse navigators”
  - “Advanced Practice Providers”
  - “Outpatient services”
  - “Palliative care”
  - “Research”

### Next Steps & Opportunities

**Survey Follow-up.** ASCO is still collecting stories about provider and patients experiences with prior authorization. Stories may be sent to [priorauth@asco.org](mailto:priorauth@asco.org).

**Advocacy.** ASCO plans to use its survey data and collected stories—which will be de-identified—in advocacy initiatives, which may include statements, comment letters to Congress and federal agencies, social media posts, talking points, and meetings with policymakers.

### For More Information

If you are interested in learning more about ASCO’s advocacy work on prior authorization, please email [priorauth@asco.org](mailto:priorauth@asco.org) or visit [asco.org/priorauth](https://asco.org/priorauth).