

Streamlining and Reimagining Prior Authorization Under Value-Based Contracts: A Call to Action From the Value in Healthcare Initiative's Prior Authorization Learning Collaborative

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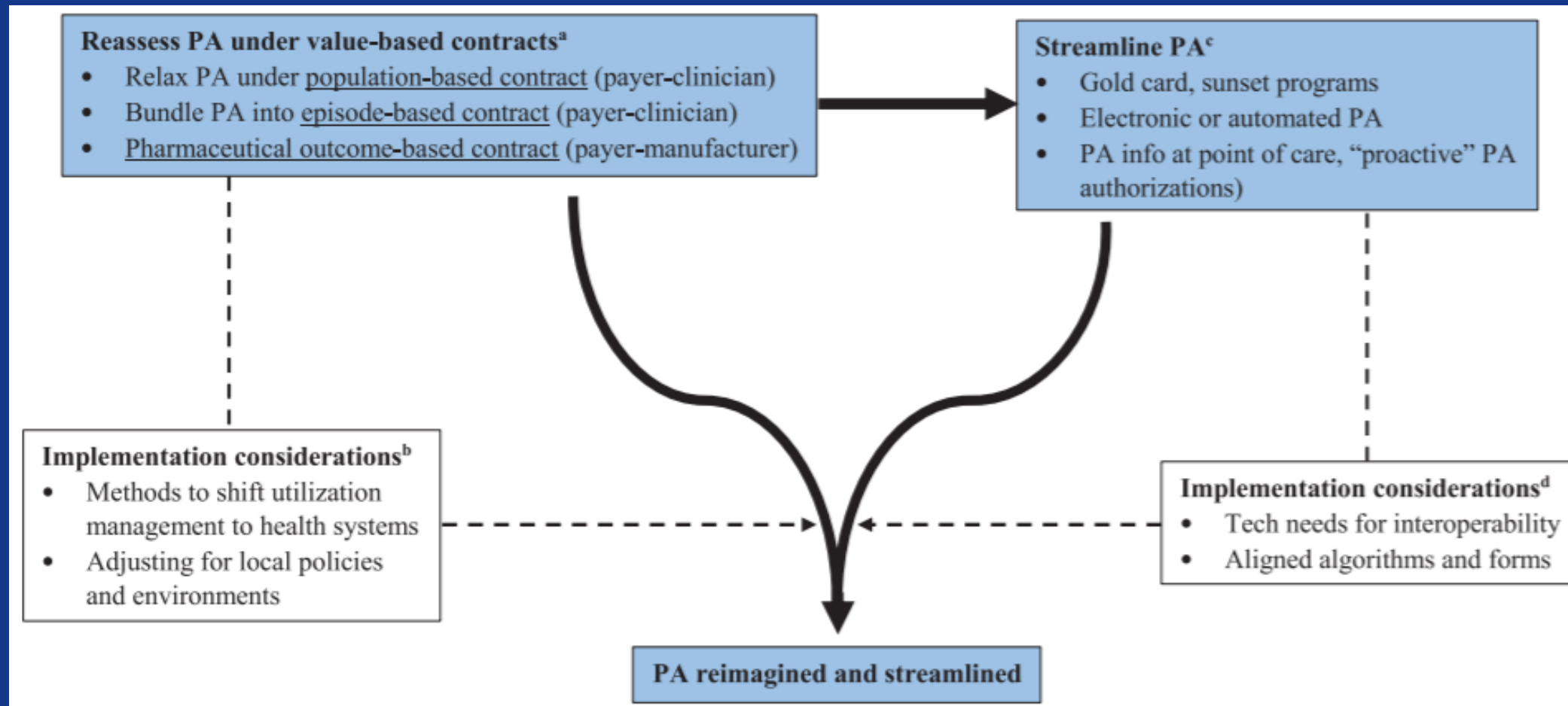
The Problem: There is a renewed need to improve the quality of cardiovascular (CV) care due to slipping outcomes. Utilization management (UM) strategies such as prior authorization (PA) undertaken by payers were intended to facilitate the safe and guideline-adherent provision of new and potentially costly CV therapies.

These processes affect all stakeholders. For example:

- PA can lead to delays in patients receiving therapies, which may disproportionately affect those from underserved communities.
- Clinicians, payers and pharmacy benefit managers spend significant time and resources handling PA requests, which is costly and demoralizing.

Increased adoption of value-based payment (VBP) provides opportunity to reimagine PA.

- Both VBP and PA intend to incent guideline-concordant use of therapies.
- VBP models typically include some degree of clinician responsibility over total costs of care and quality performance.
- Under this approach, participating in these models may waive or reduce PA.
- VBP between payers, clinicians, and manufacturers then requires extending UM to clinicians and health systems



Payers may keep PA in some situations because of patient safety, guideline adherence, or healthcare expenditure concerns.

- Strategies to streamline remaining PA may
- reward previous PA success (gold card, sunset programs),
 - reduce the manual burden of PA through technology (electronic, automated PA), or
 - address PA earlier in the care process (info at point of care, proactive PA).

Data needs and interoperability, and limited standards and lack of adherence to standards create barriers to streamlining PA.

- Solutions include:
- leveraging Health Information Networks to identify clinicians with consistent outcomes
 - participating in the standardization of information exchange
 - designing aligned algorithms and criteria, and creating a universal PA form

A partnership between the American Heart Association and the Robert J. Margolis, MD, Center for Health Policy at Duke University, the Prior Authorization Learning Collaborative of the Value in Healthcare Initiative developed this project through literature review and in-person expert panel sessions.

The Learning Collaborative found that reimagining prior authorization under value based contracting provides opportunity to benefit the entire health care system – patients, clinicians, payers, and other healthcare stakeholders.

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