PREMIER®

Smart. Fast. Efficient.

Introducing seamless patient care, from order to insurance authorization.

It's no secret that prior authorization (PA) is a burden for patients and providers. The lack of a streamlined, automated, easily accessible approval process for tests and therapies is wasting providers' time and delaying patients' access to care[1].

Why automate?

Providers are experiencing significant financial impact ensuring patients receive appropriate care. The time it takes for practices to interact with health insurance plans is estimated to cost $23 billion to $31 billion each year.[2] For providers, it is estimated that $82,975 is incurred per year in time and labor expenses interacting with multiple insurance plans about claims, coverage and billing for patient care and prescription drugs. These dollars represent an average of 20.6 hours per provider, per week interacting with payers.[3]

In addition, the current state of PA has several other impacts:[4]

- 28 percent of surveyed physicians reported that PA led to a serious adverse event, according to a recent AMA study.
- 26 percent of providers report a wait of at least three business days for a PA decision.
- 14.9 hours a week are spent by providers or their staff on administrative duties specific to PA.
- 91 percent of providers reported a negative impact on clinical outcomes due to PA process.
- 75 percent of respondents agree that the hassle associated with PA can sometimes lead to patients abandoning their treatment.

Administrative costs are wasteful if they exceed the benefits they generate, or if the same benefits could be achieved at a lower amount. Inefficiencies that result in unnecessary spending due to frequent provider and staff interruptions will likely impact patient care. Everyone — providers and their staff, patients and health plans — will be better off if inefficiencies in transactions between providers and health plans can be reduced.

Modernize your PA process and improve the continuity of care for everyone by:

- Improving patient satisfaction by providing a better understanding of their plan of action before they leave the provider's office.
- Streamlining provider workflow with PA determination at the point of care.
- Saving payers' time and expense with efficient management of expensive and complex conditions.

Why Premier®?

Premier's automated PA solution, powered by Stanson Health, addresses a variety of issues that exist today by removing the guesswork, denials and burdensome administrative tasks that currently increase the cost of care around PA.

Smart - Natural language processing (NLP) and machine learning (ML) extract and automatically present available data from the electronic health record (EHR) and provide the nuanced, clinically appropriate recommendations, as well as assist in demonstrating medical necessity.

Fast - Premier's PA solution automatically determines if a proposed service requires a PA and if the care is considered clinically appropriate and necessary based on the information reviewed.

Efficient - PA is automatically submitted to the payer upon input of order, which, in many cases, allows patients to leave the appointment with their PA in hand and schedule treatments without delay.

Automated Prior Authorization

Powered by Stanson Health

The experience.

Evidence-based — Sensitive To Alert Overload

In addition to streamlining the PA process, as a leader in clinical decision support, the Stanson Health team understands the importance of respecting providers by utilizing the information already documented in the EHR. This helps to avoid unnecessary alerting that can lead to frustration and fatigue.

Electronic Health Record — Fully Utilized. Fully Integrated.

1. The process is triggered when a provider signs an order in the EHR.
2. The PA solution then verifies with the payer that the service being ordered requires PA.
3. If PA is required, the clinical scenario documented within the EHR is evaluated using evidence-based clinical criteria to assess and confirm the most clinically appropriate care is being ordered.
4. If medically necessary, the PA request is submitted to the payer for automatic approval. Once approved, the PA solution obtains approval and records the result in the EHR.
5. If, based on documented indications, the PA does not meet clinical criteria for automatic approval, the provider will be directed to submit the request via the regular workflow.

FAQs

What PA requests will be included?	Up to 80 percent of advanced imaging orders for a participating health plan could trigger an automated review. The outcome of this review will either be notification that medical necessity criteria has been met, not met or additional information is needed. When the criteria is met, automated electronic prior authorization approvals can be generated in real time.
How will this change the PA process for my practice?	If the patient meets eligibility requirements, the provider will receive a pop-up window in the EHR to initiate a PA request. If the request meets clinical criteria based on evidence-based clinical guidelines, it will be automatically approved by the payer in the EHR. If the request does not meet clinical criteria, the provider will receive notification in the EHR that the request may not receive approval and they will be directed to submit the request via the regular PA workflow.
How will this benefit me?	On average, medical staff spend two business days per week on PA administrative support.[5] Automation of the process helps to reduce providers' administrative burdens and enables faster, more appropriate decision-making, which helps improve patient outcomes and lower administrative costs. The authorization process is triggered at the point of care and reporting tools provide valuable data to garner insights into practice patterns.
How will I know if a study is supported?	When an order is initiated for a covered study and if the patient is eligible, a pop-up window will appear in the EHR.
What about all the other PA requests required for additional studies or other patients?	You will continue to submit all other PA requests through your regular PA workflow as you do today.
Will I be able to view clinical guidelines?	Yes. There will be a link to the guideline(s) associated with the PA request in the determination pop-up window shown in the EHR.
Who can I contact if I have questions?	After your staff have been trained in the automated PA solution and have accepted a "go-live" status, your staff will be introduced to Premier's support team for any necessary, ongoing support.

1.) *2018 AMA Prior Authorization Physician Survey*. February 2018. American Medical Association, Chicago, IL. Available at: https://www.ama-assn.org/system/files/2019-02/prior-auth-2018.pdf. Accessed June 3, 2019.
2.) Casalino LP, Nicholson S, Gans DN, et al. What does it cost physician practices to interact with health insurance plans? *Health Affairs* (Millwood). 2009;28(4):w533–43. DOI: 10.1377/hlthaff.28.4.w533. Accessed at: https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.28.4.w533 Accessed: May 31, 2019.
3.) Morra D, Nicholson S, Levinson W, et al. US Physician Practices Versus Canadians: Spending Nearly Four Times As Much Money Interacting With Payers. *Health Affairs* 2011 30:8, 1443-1450. Available at: https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2010.0893 Accessed May 20, 2019.
4.) *2018 AMA Prior Authorization Physician Survey*. February 2018. American Medical Association, Chicago, IL. Available at: https://www.ama-assn.org/system/files/2019-02/prior-auth-2018.pdf. Accessed June 3, 2019.
5) Ibid

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