

Assessing the Impact of Prior Authorizations on Dermatology Residents

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ABSTRACT

Introduction: Prior authorizations (PAs) are administrative tasks commonly required by insurers to approve medications or therapies for patients. Dermatology practices frequently employ coordinators to focus on completing PAs, among other solutions. The degree to which this support is offered in academic centers and, importantly, how much time dermatology residents spend on PAs over educational pursuits is largely unknown. The authors sought to identify the impact of PAs on dermatology residents.

Methods: An IRB-approved (#NCR213814) 13-question survey was distributed nationwide to dermatology residents regarding the impact of PAs on aspects of clinical and scholarly activities.

Results: 150 of 1462 dermatology residents, 10.3%, responded to the survey. 70% of responding residents contribute to obtaining PAs. 58.7% indicated that their program employed a PA coordinator; though, of these, 63.6% still relied on residents for PAs. 84% indicated that for the following month they feared the burden of PAs would lead to a lapse in treatment for patients. 72.7% avoided prescribing certain medications due to PAs. 64% indicated the PA burden impedes their ability to perform scholarly activities. 80.7% indicated the PA burden contributed to burnout or decreased morale.

Conclusion: Our data highlight that dermatology residents are negatively impacted by the burden of PAs, resulting in reduced time to study, research, and best care for their patients. Dermatology residents and patients would benefit from reducing the burden of PAs, especially on residents by reforms or regulations that reduce dermatologic PAs, or by academic institutions removing these responsibilities from residents as best as possible.

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INTRODUCTION

Prior authorizations (PAs) are administrative duties required by insurers for an increasing number of medications as cost-saving measures that confirm whether patients have previously failed cheaper, and usually older medications, or the reason as to why more expensive medications are necessary in certain clinical scenarios.¹ Though the intent of implemented PAs was to save healthcare dollars, clinicians commonly view PAs as barriers to care that can harm patients; a recent American Medical Association (AMA) survey found 91% of physicians reporting that patients requiring necessary care experienced delays due to PAs and that 75% of patients abandoned treatments due to PA-related obstacles. 91% of physicians believe that PAs negatively impact patient outcomes.²

Several studies have investigated and elucidated the detrimental effect of PAs on dermatology patients, but the impact that PAs have on dermatology residents and their education has yet to be explored.³⁻⁵

MATERIALS AND METHODS

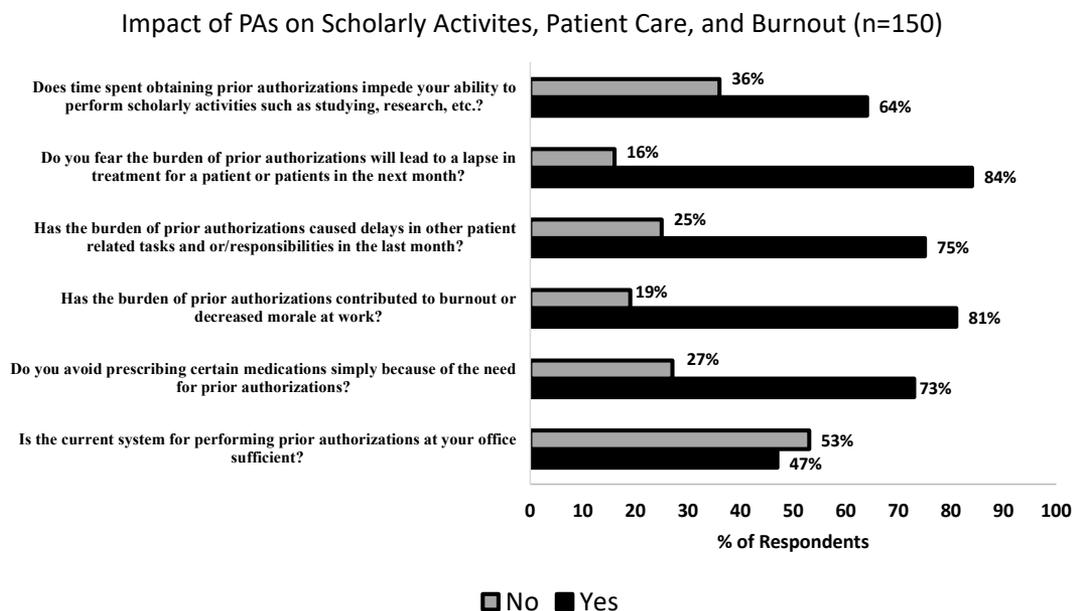
The authors surveyed dermatology residents to determine their involvement in obtaining PAs for patients in varying practice locations and sizes, as well as the impacts that PAs have on resident education and morale. An Institutional Review Board (IRB)-approved (#NCR213814) SurveyMonkey link with 13 questions was emailed with reminders to all US dermatology residents. Thirty respondents were randomly selected to receive prepaid gift cards in return for completing the survey.

RESULTS

Of the 1,462 dermatology residents who were sent the SurveyMonkey link, 150 completed the survey for an overall response rate of 10.3%. Demographics, department size, and survey responses are summarized in Table 1. Notably, 70.5% of dermatology residents contribute to obtaining PAs. 57.3% of respondents indicated that their department uses a biologic or PA coordinator, which is consistent regionally, with the exception of 83.3% of residents in New England and 75% in the Southwest. 6.7% of departments use specialty pharmacies and 1.3% rely on

TABLE 1.

Demographic and Selected Survey Responses: Respondent Demographics, Who is Responsible for Prior Authorizations, and Time Taken Up at Their Practice			
Question	Answer	# of Responses	% of Responses
What year of training are you in?	First-year dermatology resident	46/150	31
	Second-year dermatology resident	48/150	32
	Third-year dermatology resident	56/150	37
How many residents are in your program?	3-5	9/150	6
	6-10	55/150	37
	11-14	43/150	29
	15+	43/150	29
How many non-resident dermatologists are in your department?	3-5	28/150	19
	6-8	30/150	20
	9-11	26/150	17
	12-15	26/150	17
Which region is your residency program located in?	16+	40/150	27
	New England	6/150	4
	Middle Atlantic	40/150	27
	South	48/150	32
	Midwest	30/150	20
	Southwest	8/150	5
Who is responsible for obtaining prior authorizations at your institution?	West	16/150	11
	Puerto Rico	2/150	1
	Overall		
	Attendings	28/150	19
	Residents	105/150	70
	Medical Assistants/Nurses	105/150	70
	Biologic or Prior Authorization Coordinator	88/150	59
	Specialty Pharmacies	10/150	7
	Clinical Fellows	2/150	1
	Combination of Staff	110/150	74
	Combination Including Residents	92/110	84
	Combination Excluding Residents	18/110	16
	Single Role	39/150	26
	Attendings	1/39	3
	Residents	13/39	33
	First year dermatology resident	1/13	8
	Second year dermatology resident	5/13	38
Third year dermatology resident	7/13	54	
Medical Assistants/Nurses	13/39	33	
Biologic or Prior Authorization Coordinator	11/39	28	
Clinical Fellow	1/39	3	
What is the average length of time of prior authorization approvals at your practice?	Less than 2 weeks	62/150	42
	2-4 weeks	67/150	45
	4-8 weeks	20/150	13
	Greater than 8 weeks	1/150	1
If residents are responsible for obtaining prior authorizations, how much time weekly is spent on this task?	Less than 1 hour	25/105	24
	1-5 hours	70/105	67
	5-10 hours	9/105	9
	More than 10 hours	1/105	1

FIGURE 1. The effect of prior authorizations on scholarly activities, patient care, and burnout.

clinical fellows for PAs. 73.8% of respondents indicated that their departments use a combination of residents, attendings, and non-physician staff to complete PAs. The remaining 26.2% responded that one type of staff member completed PAs, most commonly residents, medical assistants, and biologic or PA coordinators. Only 12.5% of departments that employ a biologic or PA coordinator have that person complete all PAs on their own, the remainder using a combination of staff that frequently includes residents. 73.3% of departments use a combination of staff to complete PAs, of which 83.6% of residents participate. 56 of the 88 departments (63.6%) with a biologic or PA coordinator also use residents in obtaining PAs.

41.6% of respondents indicated that the average length of time for a PA approval was less than 2 weeks, 44.3% answered 2 to 4 weeks, 13.4% answered 4 to 8 weeks, and 0.7% answered more than 8 weeks. Among the regions compared, biologic and PA coordinators were associated with a 20.7% increase in the rate of PA completions within 2 to 4 weeks ($P<0.003$).

Overall, 46.7% of residents spent 1 to 5 hours per week on PAs (n=150), including 62.5% of the Mid-Atlantic residents (n=40). 6% of residents spent 5 to 10 hours per week on PAs (n=150), including 37.5% of residents located in the Southwest region (n=9). Only one resident (0.7%) responded that they spent more than 10 hours per week on PAs and they were located in the Mid-Atlantic region. Of the 105 dermatology residents that indicated involvement in the PA process, the majority (66.7%) reported that they dedicated 1 to 5 hours per week, and an additional 9.6% reported more than 5 hours per week. 16.7% of residents spent less than 1 hour per week on PAs (n=25), which was consistent

geographically, with the exception of 33.3% of residents in the New England region (n=6).

A significant majority of residents responded that PAs have a detrimental impact on scholarly activities, patient care, and burnout. 64% of residents reported that PAs impede their ability to study and perform research. 84% of residents indicated that the burden of PAs will lead to a lapse in treatment for patients in the next month, and 76% reported a delay in patient-related responsibilities in the prior month. 81% of residents responded that PAs contribute to burnout and decreased morale. 73% of residents also reported that they avoid prescribing certain medications because of the need for PAs associated with those medications. Figure 1 details the responses among residents of the impact of PAs on scholarly activities, patient care, and burnout.

DISCUSSION

Survey results indicate that PAs are completed by various members of dermatology departments across the US, which frequently includes residents. Although 59.1% of departments use a biologic or PA coordinator, the majority still rely on a combination of team members to complete PAs, including residents, highlighting the workload and burden of PAs on academic practices. A biologic or PA coordinator is commonly employed for their expertise and specialization to expedite PAs and minimize the financial and clinical impact of PAs, and survey results certainly indicate that biologic or PA coordinators do reduce said burden on residents. Departments with a biologic or PA coordinator used residents for completing PAs 20% less than departments without such a role.⁶

Interestingly, third-year dermatology residents were more likely to be responsible for PAs than second-year dermatology residents, and even more so than first-year dermatology residents. This trend signifies that dermatology residents are taking on more administrative tasks as they progress through their residency, possibly owing to increased experience, trust, or necessity.

The most concerning results of this survey was the alarming number of dermatology residents who experienced delays in patient-related tasks in the prior month, and who fear patients will have a lapse in treatment in the next month, as well as avoiding the prescription of certain medications due to anticipated PAs. In addition, any time spent completing PAs as a resident may have been better spent on scholarly activities that contribute to their knowledge, education, or career.

While the purpose of PAs is ultimately to limit inappropriate healthcare expenditures, in reality our survey indicated that dermatology residents spend significant amounts of their time performing PAs and, more importantly, that they overwhelmingly feel PAs end up harming patients and hindering education and morale. The responses among residents regarding the impact PAs have on scholarly activities, patient care, and burnout were alarmingly consistent and reveal the ugly truth behind PAs. Reducing the burden of PAs on dermatology residents can significantly improve morale, increase time for scholarly activities, and, most of all, improve patient care.

DISCLOSURES

The authors have no conflicts of interest to declare.

IRB approval status: Approved - Exempt: #NCR213814

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