

Prior authorization (PA) is a health insurance carrier protocol that requires physicians and other health care providers to obtain advance approval in order for their patient to receive payment coverage for medical services or prescription drugs. While initially implemented to contain costs, the increased use of PA has shown to cause delays and disruption in patient care.

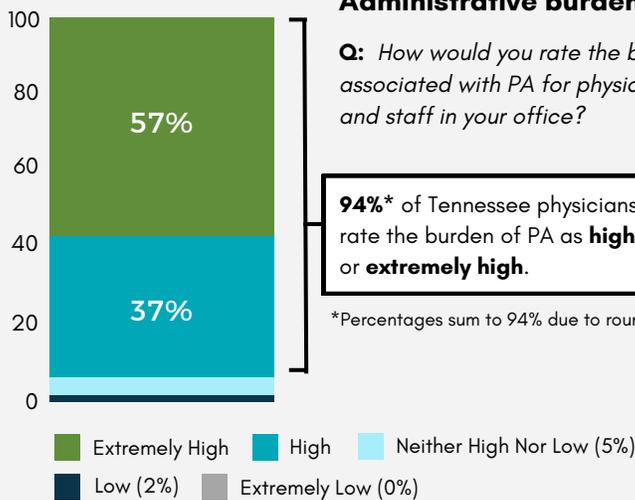
In October 2022, the Tennessee Medical Association (TMA) administered a 17-question survey to its membership to discern the impact of PA protocols on patients and physicians. Of 5,900 recipients, a total of 420 respondents completed the survey. A summary of key findings are presented below.

Administrative burden of PA

Q: How would you rate the burden associated with PA for physicians and staff in your office?

94%* of Tennessee physicians rate the burden of PA as **high** or **extremely high**.

*Percentages sum to 94% due to rounding.

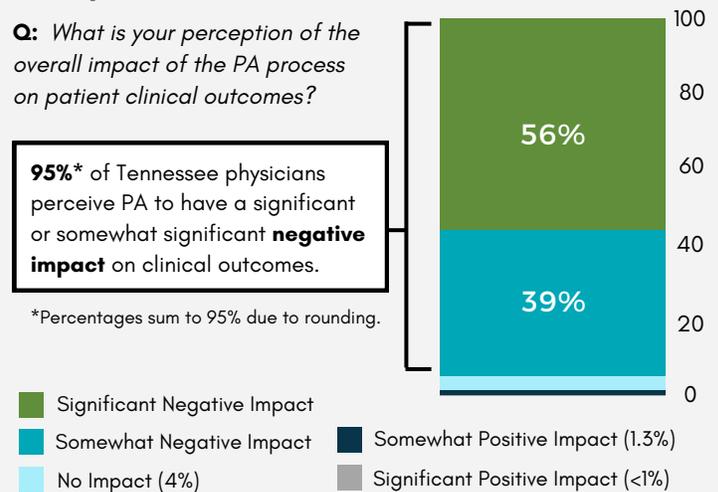


Perception on clinical outcomes

Q: What is your perception of the overall impact of the PA process on patient clinical outcomes?

95%* of Tennessee physicians perceive PA to have a significant or somewhat significant **negative** impact on clinical outcomes.

*Percentages sum to 95% due to rounding.

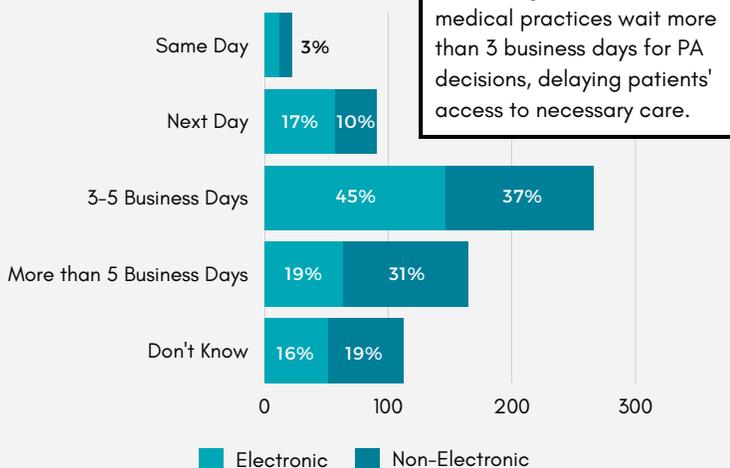


Delays in patient care

Q: On average, how long do you wait for PA decisions from health plans when submitting electronically?

Q: On average, how long do you wait for PA decisions from health plans when submitting via other means (phone/fax/etc.)?

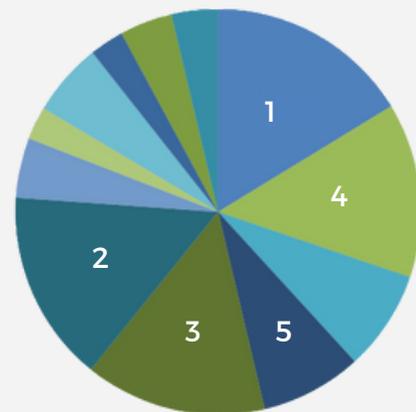
On average, over **65%*** of medical practices wait more than 3 business days for PA decisions, delaying patients' access to necessary care.



*Average is of both electronic and non-electronic submissions.

Top 5 physician concerns with PA protocols

Q: What are your primary concerns about PA practices among Tennessee insurers? Please select your top three.*



*Percentages do not sum to 100% due to respondents selecting more than one answer.