

AMERICAN ASSOCIATION OF
NEUROLOGICAL SURGEONS

KATHLEEN T. CRAIG, *Executive Director*
5550 Meadowbrook Drive
Rolling Meadows, IL 60008
Phone: 888-566-AANS
Fax: 847-378-0600
info@aans.org



American
Association of
Neurological
Surgeons



Congress of
Neurological
Surgeons

CONGRESS OF
NEUROLOGICAL SURGEONS

REGINA SHUPAK, *CEO*
10 North Martingale Road, Suite 190
Schaumburg, IL 60173
Phone: 877-517-1CNS
FAX: 847-240-0804
info@cns.org

President
CHRISTOPHER I. SHAFFREY, MD
Durham, North Carolina

President
GANESH RAO, MD
Houston, Texas

June 3, 2019

The Honorable Suzan DelBene
U.S. House of Representatives
2330 Rayburn House Office Building
Washington, DC 20515

SUBJECT: Improving Seniors' Timely Access to Care Act

Dear Representative DelBene,

On behalf of the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS), we are pleased to endorse your legislation, the "Improving Seniors' Timely Access to Care Act."

As you know, prior authorization is a cumbersome process that requires physicians to obtain pre-approval for medical treatments or tests before rendering care to their patients. The process for obtaining this approval is lengthy and typically requires physicians or their staff to spend the equivalent of two or more days each week negotiating with insurance companies — time that would better be spent taking care of patients. Patients are now experiencing significant barriers to medically necessary care due to prior authorization requirements for items and services that are eventually routinely approved.

Your bill will help reduce the administrative burdens of prior authorization in the Medicare Advantage program by, among other things, increasing transparency, streamlining prior authorization processes and minimizing the use of prior authorization for services that are routinely approved.

Thank you for your leadership on this issue. We would also like to acknowledge the work of your staff, Kyle Hill, for his work on this legislation.

The AANS and the CNS look forward to working with you to gain passage of this critical legislation.

Sincerely,

Christopher I. Shaffrey, President
American Association of Neurological Surgeons

Ganesh Rao, MD, President
Congress of Neurological Surgeons

Enclosure: Neurosurgery Prior Authorization Survey Results

Staff Contact:

Katie O. Orrico, Director
AANS/CNS Washington Office
25 Massachusetts Avenue, NW, Suite 610
Washington, DC 20001
Direct: 202-446-2024
Email: korrico@neurosurgery.org

WASHINGTON OFFICE
KATIE O. ORRICO, *Director*

25 Massachusetts Avenue, NW, Suite 610, Washington, DC 20001
Phone: 202-628-2072 Fax: 202-628-5264 E-mail: korrico@neurosurgery.org



PRIOR AUTHORIZATION SURVEY

TOP-LINE RESULTS

Patient Access to Care Has Been Impacted

- Eighty-two percent of respondents state that prior authorization either always (34%) or often (49%) **delays access** to necessary care.
- The **wait time** for prior authorization can be lengthy. For most neurosurgeons (67%) it takes between 2 to 14 days to obtain prior authorization, but for 22%, this process can take from 15 to more than 31 days.
- Prior authorization causes patients to **abandon treatment** altogether with 21% reporting that patients often abandon treatment and 60% reporting that patients sometimes abandon treatment.
- Overwhelmingly (88%), neurosurgeons report that prior authorization has a significant (37%) or somewhat (51%) **negative impact** on patient **clinical outcomes**.

Prior Authorization Burden Has Increased

- Ninety-one percent of neurosurgeons report that the **burden** associated with prior authorization has **significantly increased** over the past five years.
- Insurers have increased the use of prior authorization over the past years for **procedures** (95%); for **diagnostic tools** (93%); and for **prescription medications** (55%).
- The burden associated with prior authorization for neurosurgeons and their staff is **high** or **extremely high** (95%).
- In any given week, most neurosurgeons (41%) must contend with between 11 and 40 prior authorizations. More than one-quarter (27%) of respondents face more than 40 per week.
- Many neurosurgeons must now engage in the so-called **peer-to-peer process** to obtain prior authorization, and nearly one-third (32%) of respondents experience this requirement for 26 to 75% or more of their services (including prescription drugs, diagnostic tests and medical services).
- Ultimately, the **majority of services are approved** (80%), with nearly forty percent (39%) of neurosurgeons getting approved 90% or more of the time.
- Unbelievably, despite gaining prior authorization, insurance companies **deny payment** after services are rendered, an outcome three-fifths of neurosurgeons have experienced more than once in the past year, and 24% have had this happen 20 or more times.
- More than three-fifths (62%) of neurosurgeons have staff members working **exclusively** on prior authorization, with most staff spending between 10-20 hours per week on prior authorization.
- **Most plans** employ prior authorization, although UnitedHealthcare (72%), Blue Cross Blue Shield (72%) and Aetna 68%) are the top utilizers.

Demographics

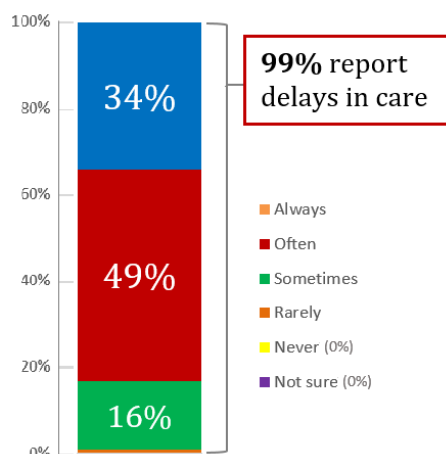
- Forty-two percent of respondents are from the South; 15% from the Northeast; 29% from the Midwest; and 14% from the West and U.S. Territories.
- Forty-one percent of respondents are in private practice; 11% are in private practice with an academic affiliation; 31% are in academic practice; and 16% are employed by a hospital or health system.
- Eleven percent of respondents are in solo practice; 23% are in a small group (2-5 physicians) single specialty practice; 26% are in a medium (6-20 physicians) group single specialty practice; 10% are in a large group (21+) single specialty practice; and the remaining (30%) are in multi-specialty group practices.
- Fifty-nine percent of respondents practice in an urban setting; 35% practicing in a suburban setting; while only 6% are in rural practice.

Prior Authorization is Putting Patients at Risk and Increasing Physician Burden

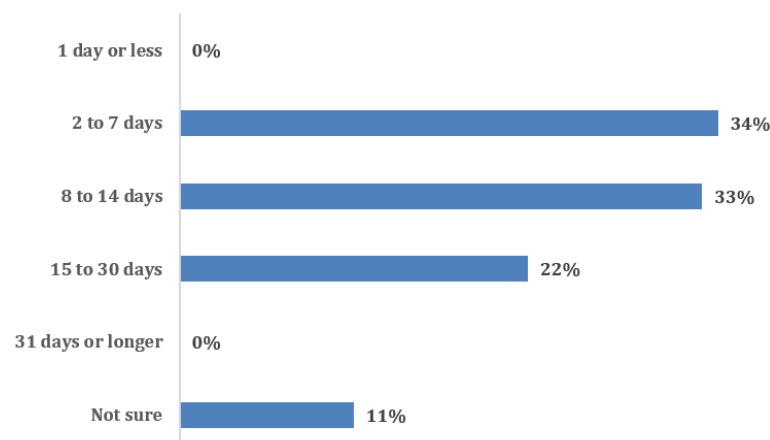
Patient Access to Care Has Been Adversely Impacted

Nearly all respondents state that prior authorization causes **delays in access** to necessary care, and the **wait time** for prior authorization can be lengthy. For most neurosurgeons (67%) it takes between 2 to 14 days to obtain prior authorization, but for 22%, this process can take from 15 to more than 31 days.

Q. For those patients whose treatment requires prior authorization, how often does this process delay access to necessary care?

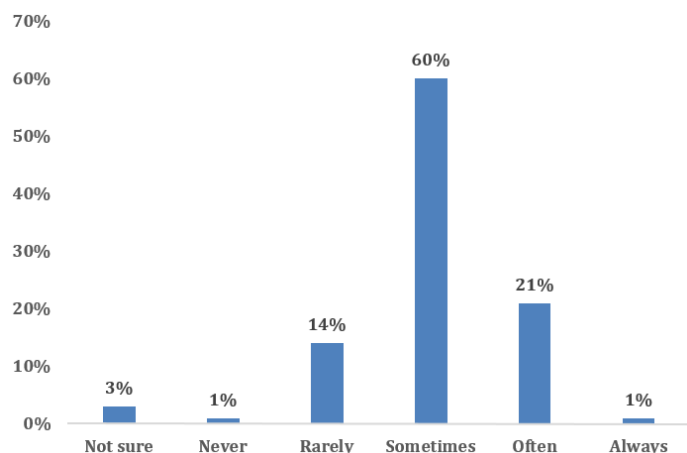


Q. What is the average length of time to obtain prior authorization after all required documentation has been submitted?

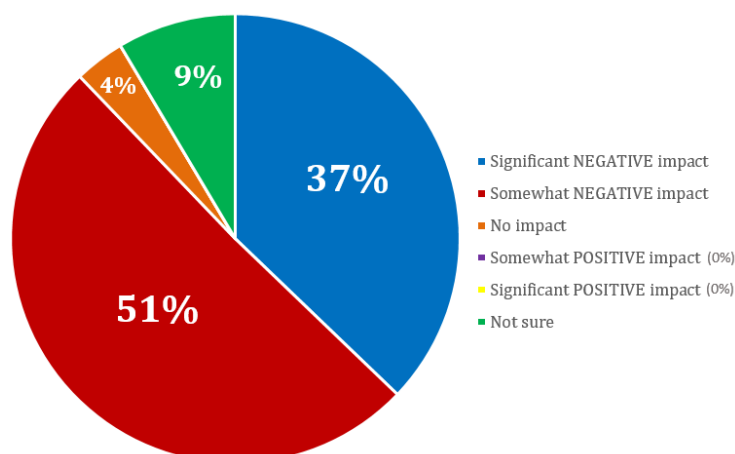


A majority of neurosurgeons reported that prior authorization causes patients to **abandon treatment** altogether, with 21% reporting that patients often abandon treatment and 60% reporting that patients sometimes abandon treatment. Overwhelmingly (88%), physicians report that prior authorization has a **negative impact** on patient **clinical outcomes**.

Q. For those patients whose treatment requires prior authorization, how often do issues related to this process lead to patients abandoning their recommended course of treatment?



Q. For those patients whose treatment requires prior authorization, what is the impact of this process on patient clinical outcomes?

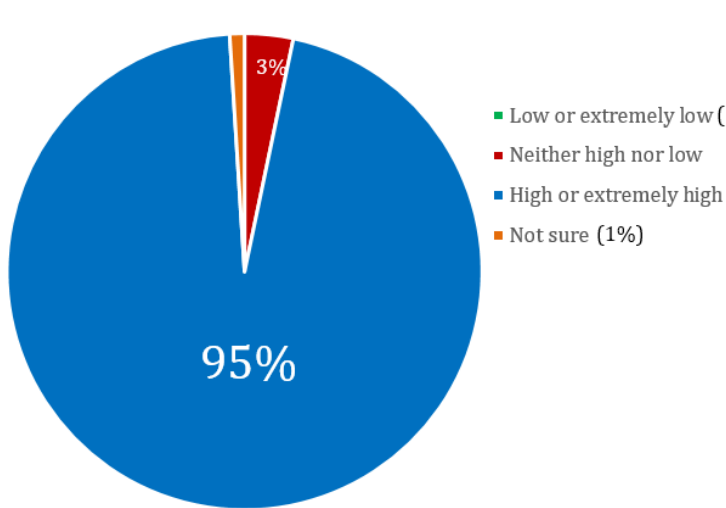
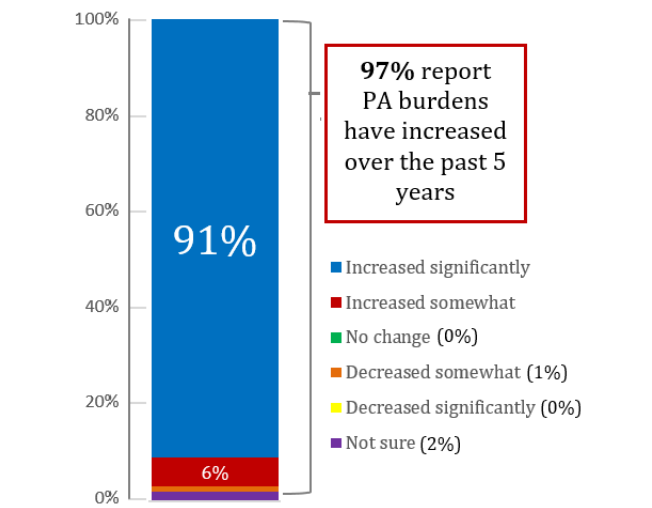


The Burden of Prior Authorization on Physicians Has Increased

Most neurosurgeons (91%) report that the **burden** associated with prior authorization has **significantly increased** over the past five years as insurers have increased the use of prior authorization for procedures (95%); for diagnostic tools (93%); and for prescription medications (55%). The burden associated with prior authorization for neurosurgeons and their staff is now **high** or **extremely high** (95%).

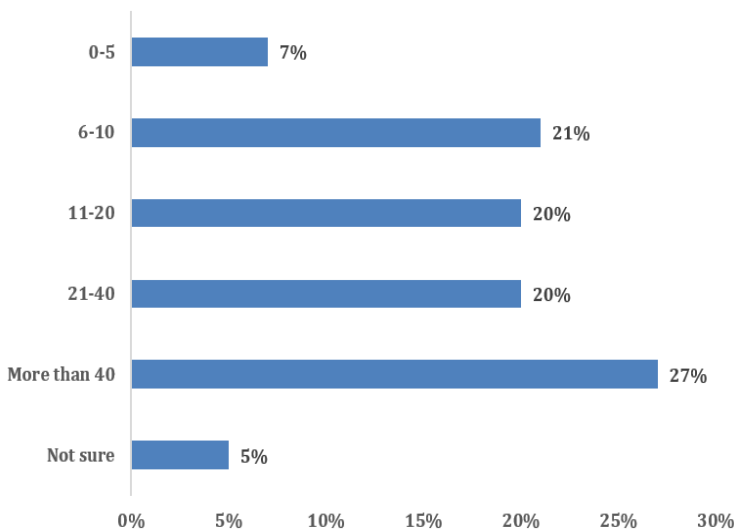
Q. How has the burden associated with prior authorization changed over the last five years for the physicians and staff in your practice?

Q. How would you describe the burden associated with prior authorization for the physicians and staff in your practice?



In any given week, most neurosurgeons (41%) must contend with between 11 and 40 prior authorizations. More than one-quarter (27%) of respondents face more than 40 per week. Many physicians must now engage in the so-called **peer-to-peer** process — meaning after they go through an extensive paperwork process they must first speak directly to a clinician working for the health plan — to obtain prior authorization, and nearly 32% of respondents experience this requirement for 26-75% or more of their services (including prescription drugs, diagnostic tests and medical services).

Q. Please provide your best estimate of the number of prior authorizations (total for prescription medicine, diagnostic tests and medical services) completed by yourself and/or your staff for your patients in the last week.



32% of neurosurgeons go to “peer-to-peer” review for **26-75%** or more of their prior authorizations—and frequently the reviewer is not in the same or similar specialty

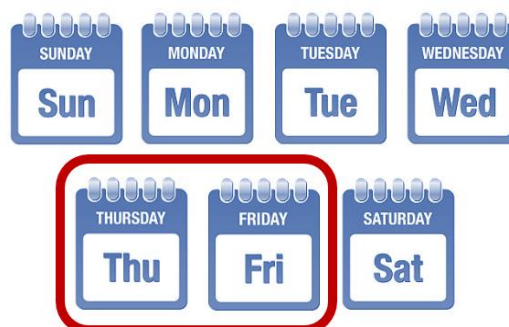


Ultimately, the **majority of services are approved** (80%), with nearly forty percent (39%) of neurosurgeons getting approved 90% or more of the time. Unbelievably, despite gaining prior authorization, insurance companies **deny payment after services are rendered**, an outcome three-fifths of neurosurgeons have experienced more than once in the past year, and 24% have had this happen 20 or more times.



More than three-fifths of neurosurgeons have staff members **working exclusively** on prior authorization

Physicians and their staff spend the equivalent of at least **two days** on prior authorization each week.



Survey Methodology

A 27-question, web-based survey was administered from November 2018 through January 2019.

Forty-two percent of respondents are from the South; 15% from the Northeast; 29% from the Midwest; and 14% from the West and U.S. Territories. Forty-one percent of respondents are in private practice; 11% are in private practice with an academic affiliation; 31% are in academic practice; and 16% are employed by a hospital or health system. Eleven percent of respondents are in solo practice; 23% are in a small group (2-5 physicians) single specialty practice; 26% are in a medium (6-20 physicians) group single specialty practice; 10% are in a large group (21+) single specialty practice; and the remaining (30%) are in multi-specialty group practices. Fifty-nine percent of respondents practice in an urban setting; 35% practicing in a suburban setting; while only 6% are in rural practice.

About the AANS and CNS

The American Association of Neurological Surgeons (AANS), founded in 1931, and the Congress of Neurological Surgeons (CNS), founded in 1951, are the two largest scientific and educational associations for neurosurgical professionals in the world. These groups represent over 8,000 neurosurgeons worldwide. Neurological surgery is the medical specialty concerned with the prevention, diagnosis, treatment and rehabilitation of disorders that affect the entire nervous system, including the spinal column, spinal cord, brain and peripheral nerves. For more information, please visit www.aans.org or www.cns.org, read our blog www.neurosurgeryblog.org, or follow us on Twitter @neurosurgery.

More Information

For more information about the AANS/CNS prior authorization survey, please contact:

Katie O. Orrico, Director
Washington Office
American Association of Neurological Surgeons/
Congress of Neurological Surgeons
25 Massachusetts Avenue, NW, Suite 610
Washington, DC 20001
Direct: 202-446-2024
Email: korrico@neurosurgery.org