In Conversation

A Physician Discusses

COVID-19 & Insurance Prior Authorization

A discussion with **ROBERT FEKETE, MD**

Prior authorization was an issue long before the coronavirus outbreak. What problems does it pose?

Dr. F: It strips health care providers of their autonomy. Sometimes I feel like I'm no longer a physician, like it doesn't matter what I prescribe. The insurance company tells me which medicines my patient can take and in what order.

Prior authorization also pushes physicians to make trade-offs with their time. Do I spend 30 minutes talking a patient through a tough diagnosis, or writing letters and reviewing charts for the insurance company? It means rationing outpatient care decisions.

How does the COVID-19 pandemic change things?

Dr. F: Patients who have to wait for their medication due to prior authorization or appeals, they can wind up in the ER. That could mean exposing them to the coronavirus. It could mean taking up hospital beds and staff needed for people already there being treated for coronavirus.

Overburdened physicians now have even more time commitments. Yet in the middle of a global pandemic we're being asked to fill out paperwork.

Then there are instances where prior authorization demands are just completely inappropriate for a time of crisis.

Can you give an example?

Dr. F: Just the other day I prescribed a medication for a patient with essential tremor. Her insurer, a major national insurer, came back and wanted me to confirm that the patient actually needed the drug I'd prescribed – instead of the health plan's preferred drug. The form said I needed to respond within six hours. Six. It had a little picture of a clock on it.

This was a particularly chaotic day. My entire department was meeting to alter our schedule to increase inpatient care during the crisis. I was working with medical faculty to begin virtual instruction because of social distancing.

I was lucky to catch the form and respond in time. I had sent my patient home expecting side effects like low blood pressure or low heart rate. The insurer's preferred drug is in a completely different class and has side effects like kidney stones and interference with birth control. If the switch had happened, it could have been bad.

Is there a lesson for policymakers here?

Dr. F: It's a good time for them to realize that there are only so many hours in the day, only so much physical energy that a physician has. Patients deserve as much of that as we can give them. Let's not waste it with paperwork justifying what we prescribe for the patients we know and treat.

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