



**PHYSICIANS, NURSE PRACTITIONERS AND PROVIDER GROUPS JOIN EFFORT
TO REDUCE DUPLICATION AND INCREASE EFFICIENCY OF
CLINICAL AND PRACTICE ADMINISTRATION**

***Citing House Bill 2009 from four years ago, Sen. Alan Bates (D -Ashland)
and providers statewide renew efforts to jointly develop standardized
authorization forms for coverage of prescription medications***

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(Salem, Ore.) - Physicians, physician assistants, nurse practitioners, patient advocates and medical societies throughout Oregon called on the Oregon Legislature’s Senate Health Care and Human Service Committee on Tuesday to declare that it’s time for one form for all.

In this legislative session, Senator Alan Bates, D.O., and providers have created Senate Bill 382, calling for the Oregon Department of Consumer and Business Services and the Oregon Health Authority to jointly develop standards and a single form for providers statewide to use to request prior authorization for prescription drug coverage.

“This might not seem like much, but we counted more than 200 separate forms that insurers require Oregon providers to fill out when requesting authorizations so the patient may have needed diagnostic tests, prescriptions, durable medical equipment or access to a specialty physician,” said Senator Bates before Tuesday’s hearing. “I’ve shared previously that I figured my clinic staff spends between 20 to 30 percent of our time managing insurance approvals and dealing with insurers, and it’s an incredible impediment to providing patient care.”

“The prior authorization protocols and forms can be lengthy, time-consuming, and confusing; and often these forms are not only problematic for physicians; they can be a major barrier to patient access and appropriate treatment,” said David Walls, executive director of the Osteopathic Physicians and Surgeons of Oregon (OPSO). “A standardized form for prior authorizations would significantly streamline this process, eliminate confusion between the myriad of payer-required forms, and create greater efficiencies in the health care system.” Walls spoke out on behalf of his membership of more than 900 osteopathic physicians, residents and students in Oregon.

If Senate Bill 382 is successful, a uniform, standardized prior authorization form for Oregon providers will provide immediate operational improvements for insurers and provider offices, creating a bridge for those who do not yet have electronic charting and patient tracking systems. Standardization will also

address the need to simplify administrative and claims processes to improve access, and improve efficiency while reducing redundancy, administrative overlays, workflow inefficiencies and resource costs in clinical care.

Such uniformity can help prepare providers for the oncoming health information technology transformation (i.e. electronic records systems, claims processing, the medical home and the evolution of clinical practice). Developing efficient, secure data systems were earmarked under ARRA of 2009, the federal stimulus act and many Oregon clinical practices have benefitted. Funding incentives and bonuses are available to providers who use qualifying health information technology. Providers who do not, will receive reduced Medicare reimbursement rates, so incentives exist to use smarter processes and technology platforms.

[A survey administered](#) in November, 2010 by the American Medical Association of 2,400 doctors found prior authorization processes pose problems, and that "Preauthorization requirements not only are a source of frustration for physicians, but they also create delays that interfere with patient care." Various studies found:

- Phone calls and fax communications between pharmacies and physician offices account for up to 25% of pharmacists' time and 20% of the workload of physician-office staff.
- Nearly all physicians reported that eliminating hassles caused by insurer preauthorization requirements is very important (78%) or important (17%).
- The administrative burden to physicians of dealing with Medicaid preferred drug lists and prior authorization for cardiovascular medicines are estimated to cost \$1,000 per physician practice per year; and over \$2,000 for practices with numerous Medicaid patients.

Are doctors such as primary care provider, Carl Erickson, D.O., with Cascade Family Practice, ready to take on the bureaucracy? He has also spoken out in favor of standardizing forms and authorization approvals process. "For example, a typical health insurer has separate forms for referrals to get authorization and coverage for medications, for diagnostic testing, for specialist referrals and for medical equipment." He adds, "One Oregon insurer uses six different forms that provider offices must access to obtain these prior authorizations. If other health insurers mandate this same number, than the average medical office can expect more than 200 forms to wade through to get their patients access to needed medicines, medical equipment, surgeries and the like."

Physicians and provider group supporters of Senate Bill 382 include:

Cascade Family Practice
Central Oregon IPA
Cornerstone Clinical Services
Leukemia Lymphoma Society- Oregon, SW Washington, Idaho, Montana Chapter
Marion-Polk County Medical Society
Medical Society of Metropolitan Portland
Oregon Medical Association
Oregon Nurses Association/Nurse Practitioners of Oregon
Oregon Podiatric Medical Association
Oregon Rheumatology Alliance
Oregon Society of Medical Oncology
Oregon Society of Physician Assistants
Oregon Urological Society
Osteopathic Physicians and Surgeons of Oregon

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