Improving Prior Authorization Process for Pain Medications
Timely Initiation of Claim Request Form

Conference Theme: Contributions of the DNP Prepared Nurse: Policy Influencing Outcomes

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Background & Significance
Metastatic and advanced-stage cancer patients frequently require controlled medications for pain management

Insurers require prior authorization (PA) for high-cost specialty medications commonly prescribed for General Internal Medicine oncology patients

Delays in obtaining PA may delay patient discharge, increase patient medication costs, increase hospital readmissions, and increase emergency room visits

Providers must submit a claim request (CR) to initiate the PA process

Prior authorizations can take 48-72 hours after the CR is submitted

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**Claim Request Submissions**
- Nucynta: 0%
- Lidocaine: 10%
- Oxymorphone: 0%
- Oxycodone: 5%
- Hydromorphone: 23%
- Fentanyl: 28%
- Lyrica: 11%

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- Patient receiving controlled medication for pain management
- CR not submitted to initiate PA in anticipation of discharge
- Lacking medication, PA is not ready at time of hospital discharge
- Discharge delayed, High medication cost for patient, Emergency Room visits, Readmissions
Aim of Project

To ensure controlled medications requiring Prior Authorization are available at patient discharge from the hospital in order to prevent discharge delays, higher patient costs and patient complications. Increase provider-initiated claim requests by 20% for prescribed pain medications requiring prior authorization by December 30, 2018.

Implementation Site
General Internal Medicine (GIM) Oncology Department-48-bed unit
Staffed by: 60 Registered Nurses, 13 Physicians, 3 Oncology Fellows, 4 Internal Medicine Residents and 12 Advanced Practice Providers

• Contributing Factors

- Lack of knowledge of CR & PA importance
- Process cumbersome & impedes workflow
- Lack of inter-professional collaboration with process
Root Cause Analysis

- Providers controlled
  - Incompetent providers
  - Lack of interest
  - CR not done on time
  - New providers unawareness
  - Remote access
  - No automatic reminders
  - Lack of standard orders
  - Poor systemic support

- Pharmacy controlled
  - PA not done on time
  - After pharmacy hours
  - Poor communication with insurance
  - Delay in pain medications

- Nurse Controlled
  - Lack of medication reconciliation
  - Poor attendance in IDM
  - Less participation in CR reminders
  - Poor knowledge

- EHR Uncontrolled
  - High Copay

- Insurance uncontrolled

- Financial Analyst Controlled

- Delayed Controlled Pain medications at Discharge

- No CR initiation
- Filed in MDACC
- Ineffective communication
Interventions

- Placed laminated cards of common medications requiring a claim request
- Modifications in EHR
- Revised medication reconciliation process
  - Nurses noting medications requiring a CR to send reminders to providers as needed
- Created a quick link to facilitate submitting a claim request form—providers can submit test claims through PECON system
- Communication—Discussed project purpose and aim with key stakeholders
- Conversed about medications requiring CR/PA in interdisciplinary rounds
- Educated nurses and providers about the revised process
Data Collection

- Collected bi-weekly for 3 months
- Entered into Excel spreadsheet
- Analysis

Claim Request Rates

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Prior Authorization Rates

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Timely Submission of CR

1. Needs Assessment Conducted—Retrospective Data
2. Provider & Nurse Education Provided
3. Med Reference Cards Distributed to Providers
4. New Claim Request Link Created in EHR
5. Provider Reminders after Nurse Med Reconciliation
6. Claim Requests Discussed During IDR

Baseline

Intervention

Follow-up

Goal: 35%
Project Impact

Improved timely submission of claim requests required for prior authorizations
Improved work flow with standardization
Improved interdepartmental collaboration and communication
Positive financial implications for patients

Financial Impact-Medication Refund after Initiating CR

New Process-Implications in Practice

Ensures a higher quality of care for patients requiring high-cost controlled medications for pain management
Implemented on other units for additional medications that requires CR and PA
Sustainability is ensured through shared interdisciplinary team responsibilities, modifications to the EHR, and institutional dissemination of interventions
References


