

# Pharmacy Collaboration Improves Prior Authorization Process in Dermatology

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## Introduction/Problem

Dermatology experiences a disproportionately higher burden of prior authorizations (PAs) compared to other medical specialties and even primary care practices. A recent American Academy of Dermatology (AAD) survey revealed an increasing number of PAs over the past years with negative effects of PAs on patient care by delaying or preventing proper treatment. Approximately 70% of survey respondents were medical support staff at dermatology group practices who were primarily responsible for processing PAs, and 25% of these staff members reported completing greater than 10 PAs per day.

Based on these findings, we decided to investigate the PA burden at BIDMC's dermatology department, an academic practice with 21 full-time dermatologists and 2 full-time midlevel providers. A departmental provider survey revealed that PAs were handled very differently throughout the department with varying levels of satisfaction. PAs were either processed by support staff, residents or fellows, or providers themselves, with support staff or nurses informing patients of their PA status. In terms of provider time spent on PAs, about 40% of providers spent 1-2+ hours per week, 30% spent <1 hour per week, and 30% spent no time on PAs. About 30% of providers submitted their own appeals if their PA was denied.

## Aim/Goal

Our improvement effort aimed to better understand the specifics of the PA burden in dermatology and improve the PA process through implementation of a pharmacy liaison program to make it more timely, efficient, and effective. Our goal was to show improvement in PA processing time and approval rates within 3 months of our intervention.

## The Team

- Martina Porter, MD, Dermatologist, Department of Dermatology
- Courtney Burns, CPhT, Pharmacy Liaison, Department of Pharmacy
- Parth V. Patel, BSN, RN, Senior Data Analyst, Department of Pharmacy
- Sabrina Popatia, BA, Medical Student, Department of Dermatology

## The Intervention: Pharmacy Liaison

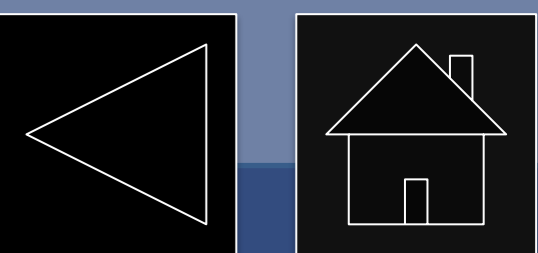
- BIDMC implemented a pharmacy liaison program on December 2016 with multiple departments assigned a full-time trained pharmacy technician working under a pharmacist to process all PAs for their respective department.
- Our dermatology department received a pharmacy liaison experienced with retail and specialty pharmacy as well as prior authorizations on September 2017.
- Pharmacy Liaison underwent one-on-one training with a dermatologist for 2 hours and a dermatology practice manager prior to starting on the dermatology PAs.
- Dermatology department gathered feedback from dermatology providers at BIDMC regarding communication of PA results, automatic substitutions for topical steroids, and submission of PAs for cosmetic prescriptions
- Dermatology providers received training on biologic agents and the pharmacy liaison PA program during monthly faculty meeting at time of pharmacy liaison program initiation.
- Automatic substitutions for some topical steroids were performed to decrease total number of PAs based on individual provider preference.
- Dermatology department conducted a retrospective review of all dermatology PAs submitted at BIDMC from May 1, 2017 to July 31, 2017 to investigate PA burden (PRE-INTERVENTION)
- Collected paired prospective data measurements on PAs from October 1, 2017 to December 31, 2017 (POST-INTERVENTION)

## Results/Progress to Date

	Pre-intervention	Post-intervention	p-value
Total # of derm visits with Rx	3445	3409	
Total # of Rx	4862	5041	
Total # of PAs (% of all Rx requiring PA)	449 (9.2%)	494 (9.8%)	0.36
Average # of days to PA submission	9	1	<0.001
Average # of days to PA decision	8	4	<0.001
% of PAs approved	45%	63%	<0.001

Table 1. Pre- and post- intervention data.

**For more information, contact:**  
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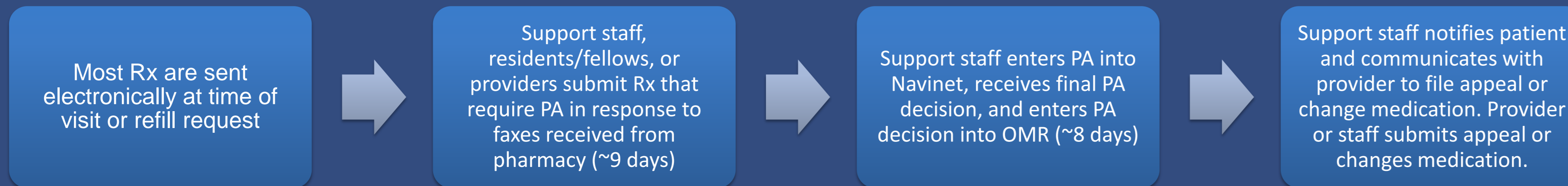
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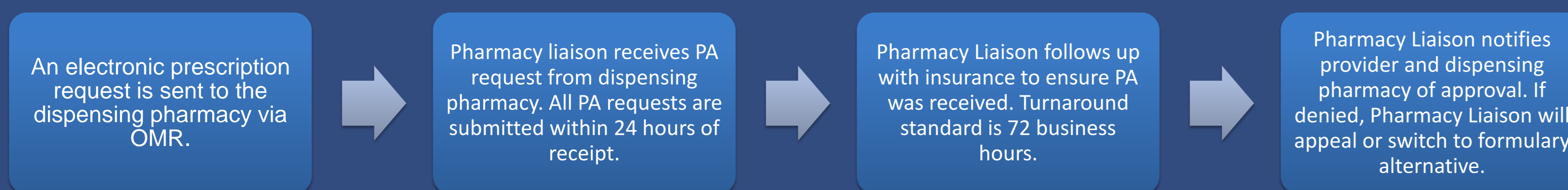
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## More Results/Progress to Date

### Pre-intervention



### Post-intervention



	BIDMC Medical Assistant	BIDMC Pharmacy Technician	Nurse
Estimated Annual Salary*	Min: \$31K Mid: \$46K Max: \$60K	\$49-75K	\$100K

\*Estimated annual salary for full-time BIDMC medical assistant based on current hourly salary for Mas in dermatology and current BIDMC pharmacy technicians. Estimated annual salary for nurse based on average salary at other metropolitan dermatology departments where nurses process PAs

Pre-intervention, our dermatology department required >50% time of two experienced, full-time medical assistants (MAs) to process all department prior authorizations. Post-intervention, one pharmacy liaison is entirely dedicated to dermatology PAs. MAs no longer involved with PAs.

#### Other staff cost considerations:

\*Provider time – estimated that provider time is significantly less post-intervention

\*Pharmacist time – estimated 1 hour per month of pharmacy time to assist pharmacy liaison

Chart 1. Pre- and post- intervention process maps detailing PA process.

Table 2. Comparing costs: Pharmacy Liaison may be a more cost effective model for processing PAs

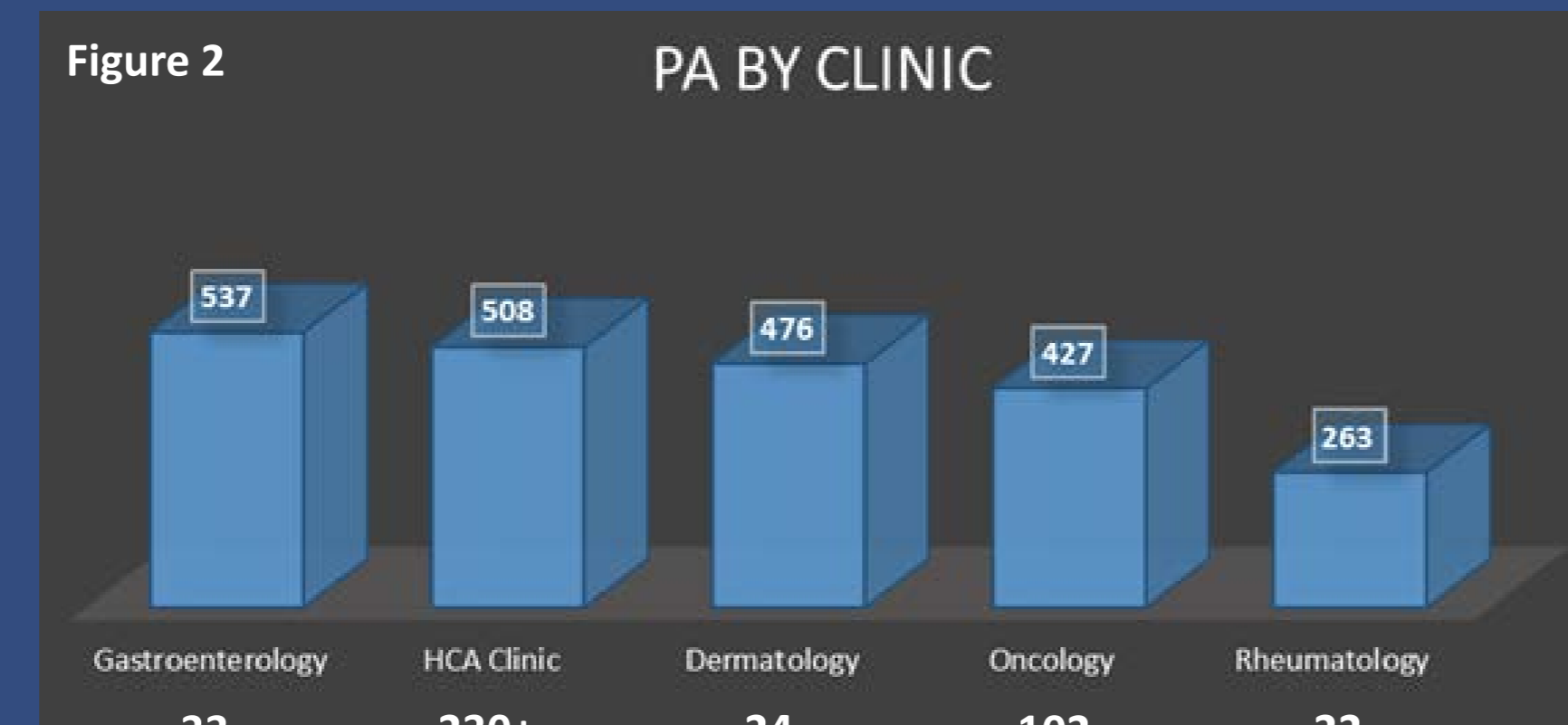
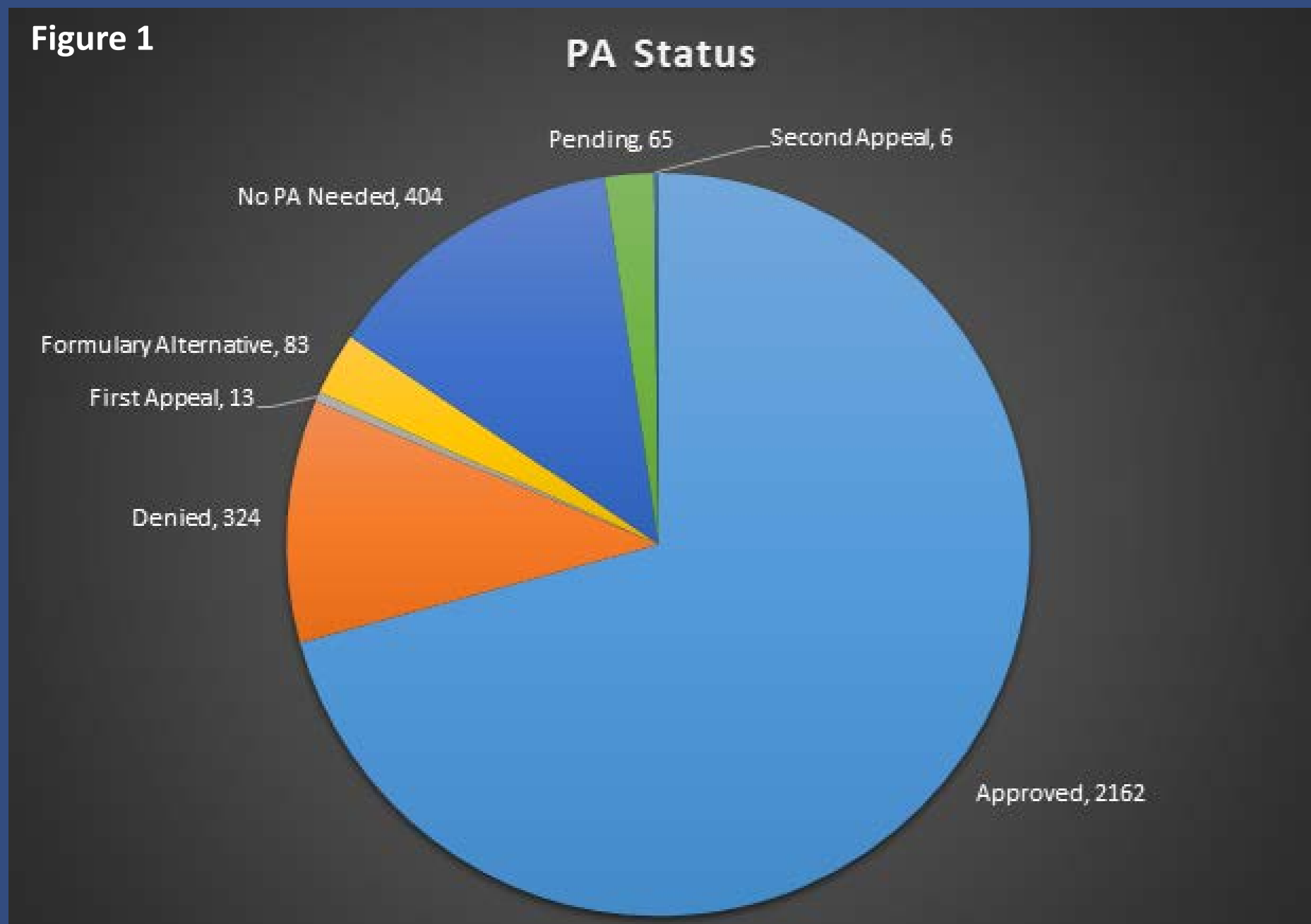


Figure 1. PA outcomes for all departments in the Pharmacy Liaison Program from January to March 2018

Figure 2. Comparison of number of PAs (top) and number of providers (bottom) for top 5 PA-generating departments

## Lessons Learned

- Retrospective review of dermatology PAs demonstrated that pre-intervention burden of PA was significant for support staff and providers. Additionally, the significant delay in receiving medications likely caused negative impacts on patient care that still need to be quantified.
- The burden of PAs in dermatology is large as compared to other specialties
- Pharmacy liaison program is a cost-effective intervention that significantly improved processing time for PAs, PA approvals, and provider satisfaction.

## Next Steps

- Characterize impact of PA burden on patient care and financial impact at BIDMC
- Post-intervention provider survey to identify improvements in PA process, provider satisfaction, and time spent on PAs

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