WHEN PRIOR AUTHORIZATION TECHNOLOGY FALLS SHORT
DON’T GET CAUGHT
WAITING FOR TOMORROW

While technology innovators aim to dazzle healthcare organizations with the promise of artificial intelligence (AI), machine learning and automation taking over the burdens of administrative tasks and compliance, actual performance of these innovations is not yet providing practical benefit. If healthcare providers are not careful, they can be left hoping for things to come while foregoing working, proven solutions that are available today. Hope is not a strategy.

Most organizations face similar challenges and workload pressures like staffing turnover/shortages, prior authorizations and medical records fulfillment, plus document indexing, routing and abstracting. Technology can be, and often is, helpful for managing these “necessary evils” associated with patient care, but those technologies have not yet evolved to a point where fully automated processes are robust. In other words, your staff cannot yet wash their hands of these operational activities.

An approach worth considering is to keep eyes on the maturing of advancements in health IT while keeping hands on applying smart, efficient, process-driven and effective solutions available today. In essence, why wait for tomorrow’s technology to deliver when there’s a better, and available, solution to get you through today?

CURRENT PA TECHNOLOGY

Today’s technology, while possessing incredible potential and increasing capability, only solves part of the problem with growing burdens like prior authorization (PA). For example, only a portion of automated PAs are truly “one click” authorizations. The rest – the majority by some accounts – require additional manual steps and research, not to mention multiple contact cycles with health insurance payers.

To get the full extent of current benefits available from the technology, there’s often considerable set up and integration required, which mandates resources most healthcare providers don’t have. Likewise, the technology price tag is often prohibitive for the small- and mid-market provider groups.

The need to bridge product gaps that require manual intervention combined with the cost of adopting new technology often leaves physicians and healthcare groups to abandon improvement efforts altogether and stick with the “old-fashioned way” by having their staff members handle all the steps of PA.

Some organizations have clerical or specialized revenue cycle management staff tackle the requirements of PA, but the majority, some 71% according to our research, utilize clinical staff to complete prior authorizations.¹

In the current environment of obtaining prior authorizations, duties and tasks are spread among numerous roles and departments, including clinical staff dealing with red tape to get reimbursement.

If we try to do the work ourselves, our limited staff is taken away from patient care for 30-45 minutes with each incident. **Prior authorization directly devalues the doctor-patient relationship.**

Dr. Winslow M.
Prior authorization is a task that requires not only administrative knowledge but also clinical knowledge. Because prior authorizations require several touch points, healthcare groups are vulnerable to several consequences, including:

- Further burdening staff while burn out is on the rise
- Offering less-attractive positions in a highly competitive job market where HIM professionals can be selective about where they work
- Paying higher clinical staff rates for clerical work
- Increased room for error or extended wait time for authorization when “multiple hands are in the pot”

This also means higher-dollar resources, such as nurses, medical assistants, etc., are logging into web portals, making phone calls and sitting on hold with insurance companies rather than attending to patients, supporting physicians or otherwise adding value to the healthcare organization.

WHY AREN’T WE MAKING ADJUSTMENTS?

When healthcare organizations utilize their own staff, whether clinical or not, to handle PAs, they often haven’t had the time or ability to develop optimized workflows, standard processes or quality training documentation, nor have they done time and motion studies to continually gain efficiencies and reduce extra steps. Essentially, the path to improvement is not mapped.

Healthcare groups also don’t tend to manage clerical staff to hard-and-fast operational KPIs (key performance indicators) like pace and accuracy. Most healthcare organizations apply a “do whatever it takes for as long as it takes” mentality to their administrative work like prior authorizations, medical records releases and document filing because – to restate the obvious – they’re focused experts in HEALTHCARE, not business process optimization.

So why are we frozen, hoping for a technology solution? Because in summary, running a high-performing, lean, efficient and fast-paced clerical environment is hard. The difficulty is exacerbated by turnover in an economic climate that makes replacement staff scarce and where clerical staff might take a job elsewhere for $1 more per hour. Facing these situational obstacles, healthcare operations sometimes knowingly operate their administrative functions at a loss (slower and with less accuracy) to avoid increasing the human burden. It can seem the only alternative to driving staff to speed their work and juggle multiple processes simultaneously, but that is not necessarily the case.

Those overseeing healthcare operations sometimes knowingly operate their administrative functions at a loss because there are no seemingly feasible fixes.
OFFLOAD THE PA BURDEN TODAY

While some in healthcare favor (or simply accept) the status quo, we’ve decided to provide solutions to this ever-growing problem of manual tasks inside healthcare organizations from prior authorization to insurance verification to release of information to document filing. Instead of waiting for automation to swoop in and save the day, we’re focused on solving the challenges that physicians and provider groups are facing NOW.

Specifically, with prior authorization, the keys to success with administrative processes revolve around efficiency, redundancy and yes, some technology. To be fair and transparent, most of what we do is not magical. Yes, we have some technology that allows for multiple sessions and enhances our speed, but mostly we just have the ability to stay laser-focused on workflow optimization, clerical skill development and managing to objective, measurable KPIs. Our dedicated team has clinical, EHR and billing expertise, allowing us to obtain PAs correctly and ahead of schedule. Furthermore, we serve as the single point of contact for all PAs, which simplifies the process tenfold.

The DataFile process, outlined above, provides healthcare groups with a seamless way to outsource PA while improving the timeliness of responses, reducing denials, and accelerating patient care by eliminating coverage delays.

Probably the best news for healthcare groups waiting for technology is that if they’re willing to offload their manual processes – whether PA, records processing, filing or otherwise – a partner like DataFile can, in almost all cases, reduce overhead expenses or remove the cost altogether. There’s really no downside to placing manual tasks with a specialized resource who can do them better/faster/cheaper. The struggle isn’t usually a financial one – but rather a feeling of loss of control, which is why we ardently focus on providing clients with transparency and data so they can see the work being done, track progress and realize the benefit.
DRIVING RESPONSIBLY TOWARD AUTOMATION

The promise of technology is all around us. Healthcare is just one more arena where apps and gadgets and platforms abound, and new names and logos spring up at HIMSS every year only to be gone the next. Thankfully, thought leaders like Dr. Don Rucker, head of health IT for the Health and Human Services Office of Civil Rights, are trying to tackle the mounting challenges of prior authorizations at the source by relaxing payer requirements.

We share the industry’s hopes for these automation advancements and regulatory improvements. However, until healthcare organizations see the shifts and realize the benefits of regulation and technology, we will serve as a valuable partner to solve these business challenges for as long as providers need us.

1DataFile Technologies, 2019 Prior Authorization Survey
4Release of Information outsourcing to DataFile can often be at zero-cost
ABOUT **DATAFILE TECHNOLOGIES**

*DataFile provides turn-key solutions to streamline, standardize and centralize medical records, health information management and clinical workflows for healthcare organizations of all types and sizes.*

We are a trusted partner to many of the nation’s leading EHR companies, facilitating a more timely, accurate and secure flow of health information while relieving administrative burden and staffing needs. Our team of healthcare data experts work hard to assist our clients in meeting patient needs for health information and increase their organization’s interoperability while ensuring the highest level of security and compliance.

**CONTACT US TODAY**

If your organization is struggling with the frustrations of managing your health information internally, looking to shift from a current provider of services or facing roadblocks to interoperability, spend some time getting to know DataFile, a Certified Women’s Business Enterprise. You’ll find our team of trained experts are passionate about healthcare data and our executive leadership is driven to provide a client experience that is unmatched in the industry.🌟