Streamlined Prior Auth for Peds GI

Prior Authorizations (PA) are a common and complex process used by insurance companies to manage patient access to medication. In the pediatric gastroenterology department at Doernbecher Children's Hospital (DCH), this process can delay timely and efficient care for pediatric patients, particularly those requiring proton pump inhibitors (PPIs) and acid blockers for GERD. Medications are often denied due to issues related to formulation (liquid vs. tablets), over-the-counter availability, and insurance restrictions. The situation is further complicated by the involvement of various stakeholders, including providers, nursing staff, PA teams, and pharmacy technicians. A lack of standardized workflows and inconsistent communication can lead to redundant outcomes and treatment delays. Ultimately, this impacts the care of children and their families, potentially resulting in readmissions and an increased workload for staff.

Approach:

The main goal of our team for this project was to map the workflow, identify the key barriers, and offer recommendations to streamline the process. Our team employed a mixed approach of stakeholder interviews involved in the PA process, secondary research by literature review to identify systemic challenges and evidence-based recommendations associated with the PA process, and mapped a workflow based on our findings. We also applied the Four Frame and Logic Models, Root Cause, Stakeholder and SWOT analyses to uncover operational issues and pain points.

Findings:

Our findings from stakeholder interviews confirmed that prior authorization (PA) requests for proton pump inhibitors (PPIs) and acid blockers account for approximately 30% of total requests. The team currently has a workflow in place; however, it lacks clarity and has many inconsistencies. Most medication requests are submitted through CoverMyMeds.com and followed up through various channels like phone or fax, depending on who initiates the request, which adds to the confusion. The clinical informatics team has disabled certain features in EPIC due to frequent errors. Staff members have expressed frustration over the need for repeated follow-ups, confusion regarding insurance-specific policies, and a lack of visibility about who is managing each request at any given time. In addition to this, the AI interface, medication complexity, out-of-state insurance plans, and lack of data presented additional barriers in this process. Many of these findings produced by stakeholder interviews have been confirmed by various secondary research studies. Although there is a lack of research on this specific topic, many studies on other pediatric disorders have confirmed that PA delays cause treatment lapses, readmissions, and an increase in complications.

Recommendations:

Based on these analyses, we have framed 3 recommendations to reduce delays, streamline the process, and provide efficient patient-centred care.

- **Electronic Prior Authorization(ePA):** ePA is a tool that already exists within the electronic health record (EHR), or EPIC to automate submission for PAs, track approval status, and reduce manual paperwork. Studies show that ePA integration leads to faster decisions and higher PA submission volumes (Salzbrenner et al., 2022; Birdsall et al., 2020). Federal initiatives like the SUPPORT Act and Center for Medicare & Medicaid Services (CMS) proposed rules further support a shift towards integration of providers and insurance companies to streamline processes (Luo & Gellad, 2024). This data can then be pulled into a dashboard that displays KPIs in real time.
- I**n-basket triage pool revision:** Creating a dedicated triage pool for Peds GI prescriptions to separate PA requests from the general pool that contains refills and updated PA requests, can reduce confusion and delays. Additionally, using customized SmartPhrases (e.g., .PAapproved and .PAdenied) will allow for standardized and discrete documentation that is reportable, improving tracking and alignment across stakeholders.

- **Centralised resource guide:** This document helps to connect all the involved stakeholders with the same resources, reduce redundancy, and ensure consistency through information such as insurance form specifications, contact information, and escalation pathways.

Key Performance Indicators:

No recommendations can be considered effective unless they are accompanied by a robust tracking system. The key performance indicators can be tracked in 4 domains; process efficiency to track success of the workflow, team efficiency of individual stakeholders involved in the process, clinical satisfaction for patient care, and stakeholder satisfaction scores. These indicators will provide insight into areas of success and opportunities for further refinement in the pediatric GI PA process. Setting clear, realistic goals for each metric will provide a framework for improvement and a means to evaluate the overall success of the standardized workflow.

Conclusion:

This project emphasizes how even low-cost medications, such as proton pump inhibitors (PPIs) and acid blockers, can become inaccessible due to prior authorization (PA) delays stemming from administrative inefficiencies and a lack of standardized workflows. By streamlining the PA process, our recommendations aim to reduce delays and improve communication and coordination among stakeholders, ultimately supporting equitable, timely, and efficient care for paediatric patients. These recommendations are designed to require limited financial investment, be scalable and sustainable, and align with the organization's broader mission of reducing staff burden and providing high-quality care to the patients.

Team Members:

Tarika Holness Petrarca, Kruti Varshney, Van Ross, & Kayla Freudenthal

Project Sponsors: Henry Linn, M.D., M.B.A.

Project Sponsor Assistants: Brittany Cummisky, PharmD, C.N.S.C.; Johanna Pantig, PharmD

Faculty mentor: Aleshia King, M.B.A., P.M.P.

June 2025

References:

Birdsall, A. D., Kappenman, A. M., Covey, B. T., & Rim, M. H. (2020). Implementation and impact assessment of integrated electronic prior authorization in an academic health system. *Journal of the American Pharmacists Association*, *60*(4), e93-e99.

Cook, S. C., Desmarais, A. G., & Berry, J. G. (2022). Room to improve prior authorization in children with complex medical needs. *PEDIATRICS*, *149*(3). https://doi.org/10.1542/peds.2021-054843

Luo, J., & Gellad, W. F. (2023). Electronic Prior Authorization for Prescription Drugs—Challenges and Opportunities for Reform. *The New England journal of medicine*, *388*(10), 867.

Miller, D. a. R. (2025, February 25). Inside UnitedHealth's effort to deny coverage for a patient's care. *ProPublica*. https://www.propublica.org/article/unitedhealth-healthcare-insurance-denial-ulcerative-colitis

Salzbrenner, S. G., McAdam-Marx, C., Lydiatt, M., Helding, B., Scheier, L. M., & Hill, P. W. (2022). Perceptions of prior authorization by use of electronic prior authorization software: a survey of providers in the United States. *Journal of managed care & specialty pharmacy*, *28*(10), 1121-1128.