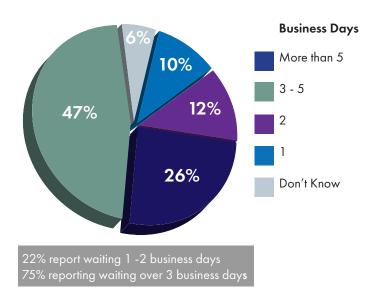
Oregon Medical Association



2018 OMA Prior Authorization and Utilization Management Survey Patient Impact

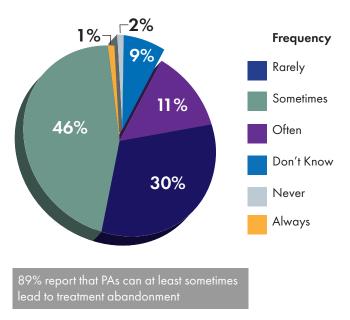
Average Wait time for PA responses

Q: In the last week, how long on average did your practice need to wait for a prior authorization decision from health plans?



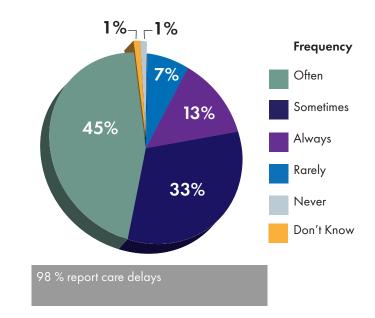
Abandoned treatment associated with PA

Q: For those patients whose treatment requires prior authorization, how often do issues related to this process lead to patients abandoning their recommended course of treatment?



98 % report care delays

Q: For those patients whose treatment requires prior authorizations, how often does this process delay access to necessary care?

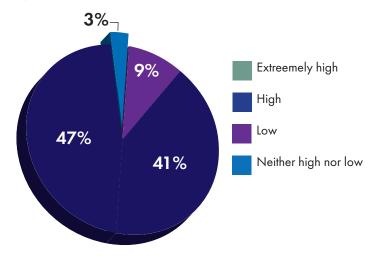


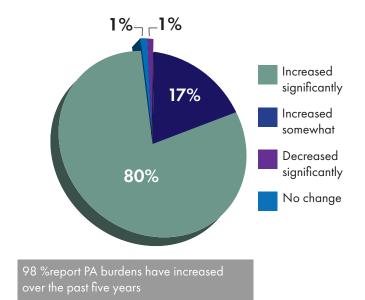
2018 OMA Prior Authorization and Utilization Management Survey

Physician Impact

Practice Perspective on PA Burden

Q: How would you describe the burden associated with prior authorization for the physicians, physician assistants and staff in your practice?





Additianal survey findings

Practice Resources

- 60% of practices report they have staff who work exclusively on PAs
- **78** % of practices are sometimes, often or always required to repeat PAs for prescription medications when a patient is stabilized on a treatment regimen for a chronic condition.

Survey Methodology:

- Survey conducted June 2018
- Sample of over 700 practice managers affiliated with OMA members
- 17 questions
- 29% identified as primary care; 60 % as specialists; 9% did not identify their specialty
- Rural and urban counties represented
- Majority in private practices with no affiliation to a hospital or health system

For more information on the OMA's advocacy efforts and reduce Prior Authorization burdens, please contact Courtni Dresser courtni@theoma.org or Trevor Beltz trevor@theoma.org

Change in PA burden over the last five years

Q: How has the burden associated with prior authorization changed over the last five years for the physicians and staff in your practice?