

# Reducing Patient Care Delays in Radiation Oncology Via Optimization of Insurance Pre-Authorization

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## BACKGROUND

Difficulties and delays in insurance pre-authorization (pre-auth) can negatively impact patient care, resulting in postponing, modifying, or even cancelling radiation therapy for patients. Unfortunately, pre-auth delays are not uncommon. The purpose of our project was to perform a root cause analysis of reasons for pre-auth delays, and implement solutions to optimize our workflow to better serve our patients.

## AIM STATEMENT

**Our primary goals were to:**

- 1) Reduce Mean time for Clinical Treatment Plan (CTP) completion by 50% by the end of month 3 of the project.
- 2) Reduce % of cases delayed/denied by 50% by the end of the project (month 5).

**MUSC Pillar Goal: Service** (Improve Adult Service Composite, Improve Pediatric Service Composite), Quality (Increase Ambulatory Care Composite)

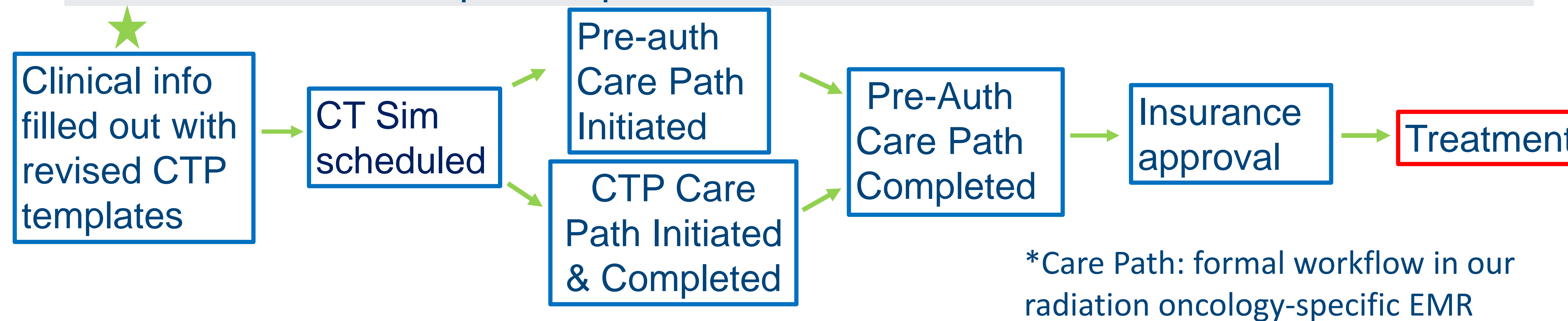


## METHODS/INTERVENTION

- Performed a root cause analysis of reasons for pre-auth delays.
- Sampled ~2 cases per disease site (total 19 cases from July – Aug 2022) to determine the “current state,” pre-interventions.

### Countermeasures

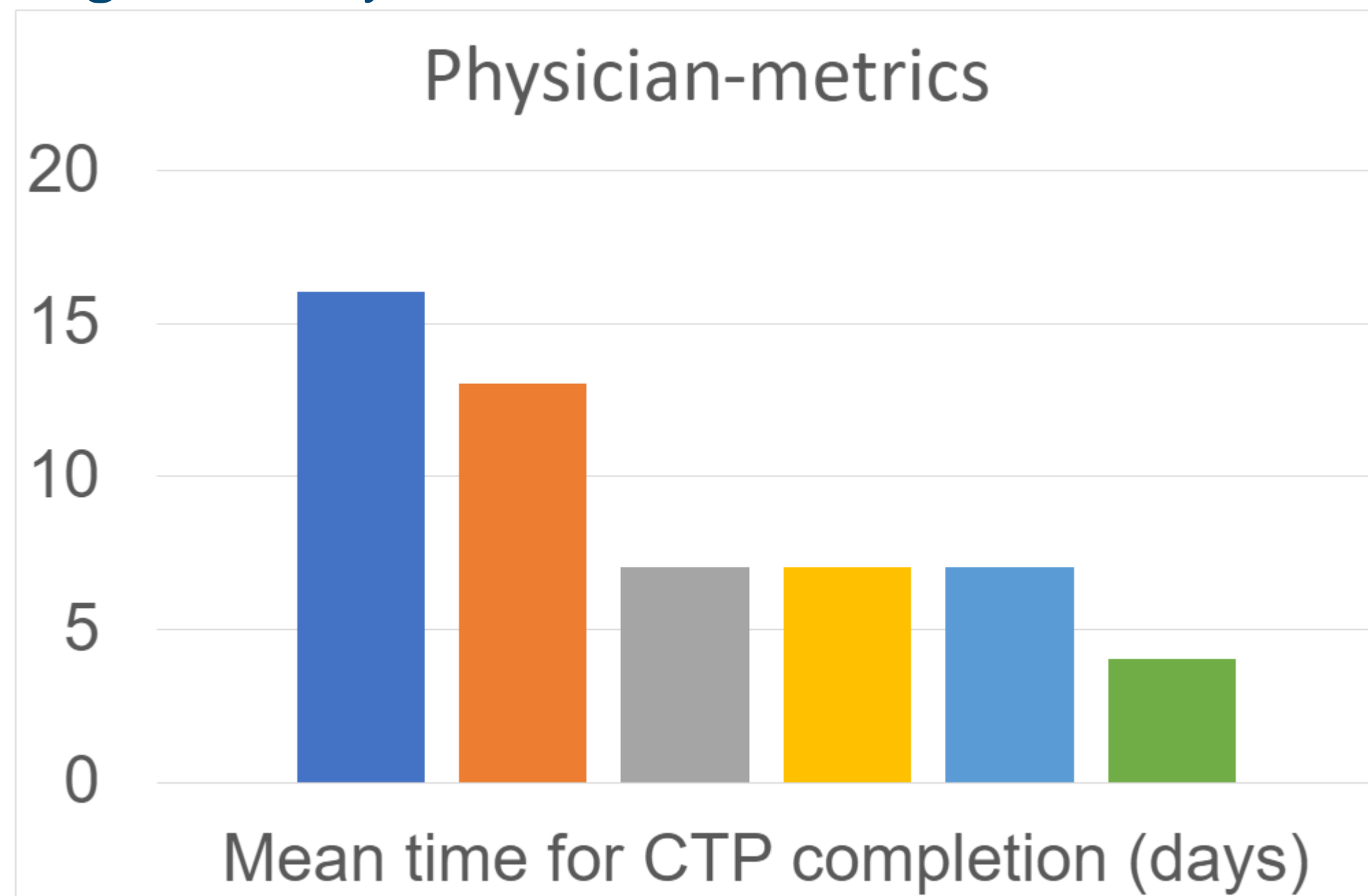
- Revise CTPs and ask physicians to complete by day 2 after CT sim scheduled.
- Communicate with pre-auth team goal to initiate & complete pre-auth earlier.
- Add completion of CTP to Care Path to be completed when CT sim scheduled.
- Utilize Care Path to optimize pre-auth team workflow.



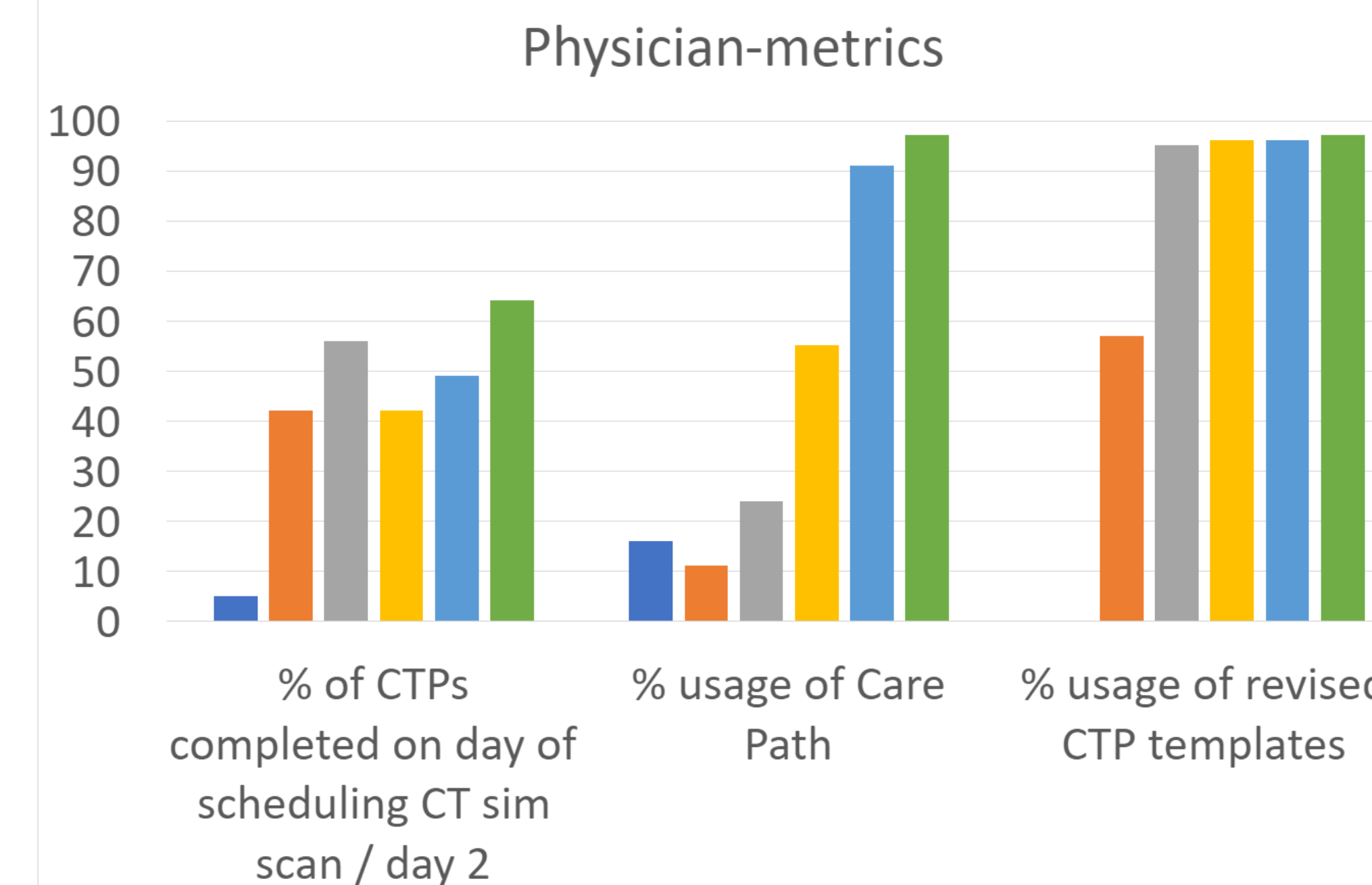
## RESULTS

- Total 417 patients from a variety of disease sites had CT sim between Oct 2022 and Feb 2023

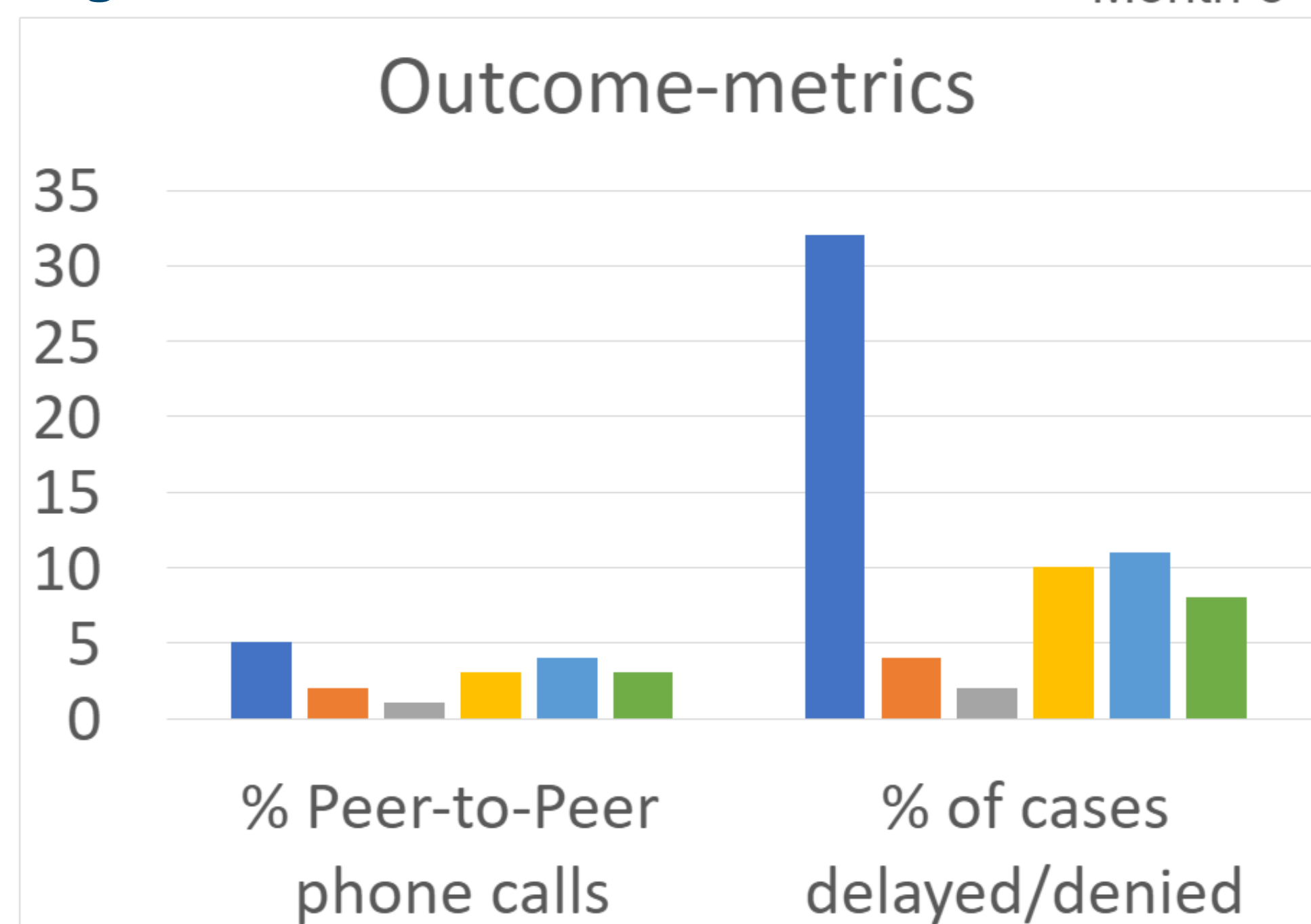
**Figure 1. Physician metrics**



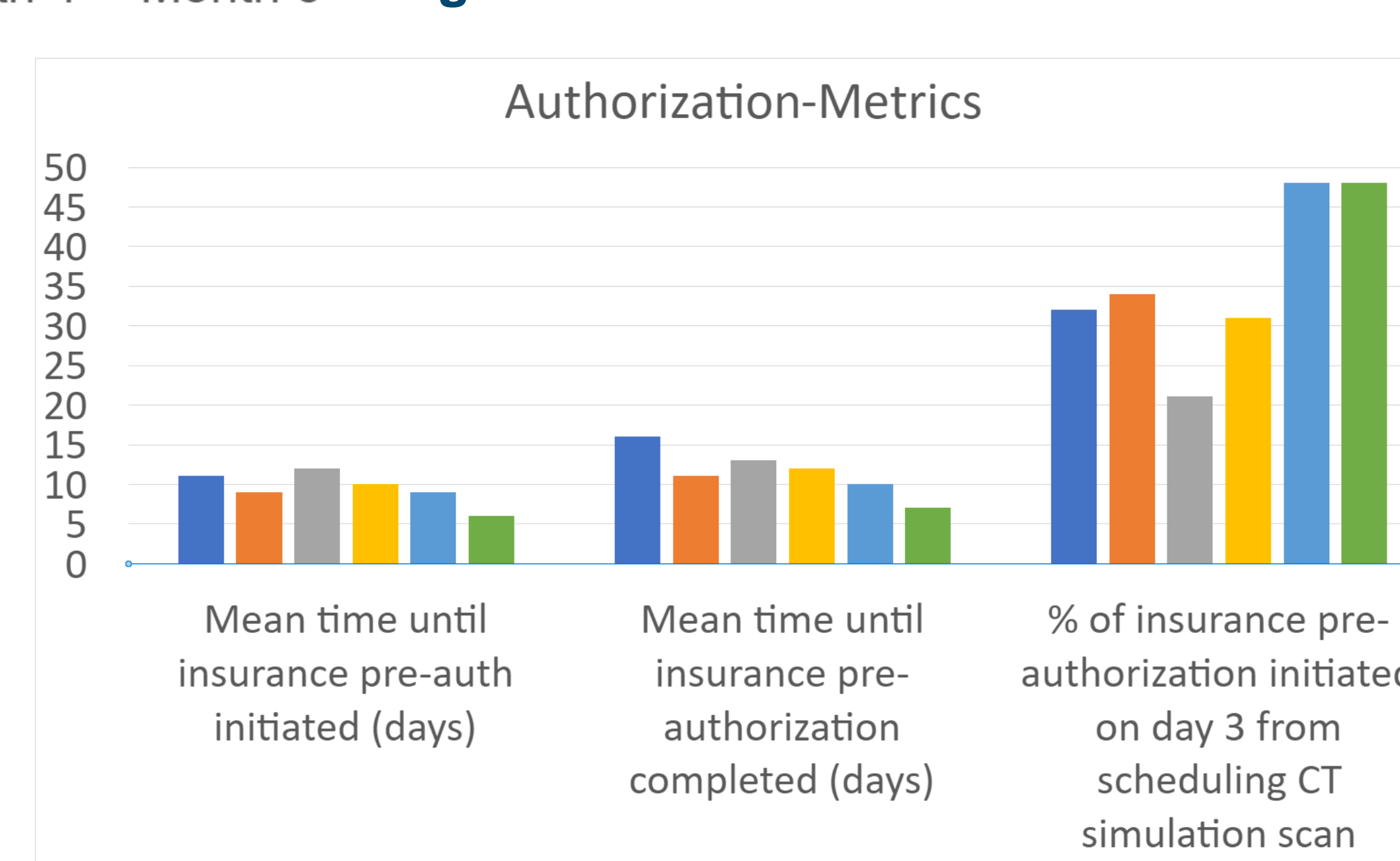
**Figure 2. Physician metrics continued**



**Figure 3. Outcome-Metrics**



**Figure 4. Pre-Auth Metrics**



## CONCLUSIONS

We met our primary goals, and also improved on many secondary metrics.

Improving timeliness and details of CTP documentation by using our Care Path and revising CTP templates improved efficiency of insurance pre-auth completion, and reduced the number of cases delayed or denied, thereby improving care for our patients.

## BARRIERS

1. Suboptimal pre-auth team staffing/resources, and delayed utilization of pre-auth Care Path led to slower, but eventual improvement in pre-auth metrics.
2. Busy and variable faculty-resident teams, and two-step process of resident completing CTP then faculty editing/approving CTP made it challenging to further increase the ambitious metric of % of CTPs completed by day 2.

## NEXT STEPS

1. Maintain & continue to optimize utilization of our CTP and Pre-Auth Care Path processes.
2. Bolster pre-auth team staffing/resources. We switched to a third-party pre-auth team towards month 4-5, and this increase in dedicated resources towards pre-auth work has led to improvement in pre-auth metrics.