

## Sick of the runaround, doctor takes prior auth pains to Twitter

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When an Oklahoma City gastroenterologist had grown increasingly vexed by insurance company prior-authorization practices that were delaying his patients' care, he decided to try a new way to fight back: Public shaming.

As the public relations committee chair of the American College of Gastroenterology (ACG), Tauseef Ali, MD, had used his Twitter account to educate patients on inflammatory bowel diseases (IBD) and digestive health.



Tauseef Ali, MD

After a frustrating and exhausting 45-minute phone call with a payer's peer-to-peer prior-authorization physician intermediary, he took to Twitter to post examples from his practice—and that of other doctors—to show how the administrative burdens created by prior authorization had gotten out of hand.

Being open about prior authorization on Twitter has eased tensions somewhat, as Dr. Ali posts deidentified denial letters online—but only after getting the patient's permission first.

Patients “love it—and they get very excited and encouraged that there is a doctor who is advocating on their behalf,” he said.

Fixing prior authorization is a core element of the AMA Recovery Plan for America’s Physicians. You took care of the nation. It’s time for the nation to take care of you. It’s time to rebuild. And the AMA is ready.

Prior authorization is overused, and existing processes present significant administrative and clinical concerns. Find out how the AMA is tackling prior authorization with research, practice resources and reform resources.

Dr. Ali is medical director of SSM Health’s Crohn’s & Colitis Center in Oklahoma City and started his Twitter campaign after that call with a physician from the insurance company explaining his patient’s needs. The other doctor said he agreed with Dr. Ali, but still couldn’t approve the prior authorization because it conflicted with the payer’s policy.

“It got very emotional, and I even asked him, ‘What would you do if it was your family member?’ And even though he was on board with me, he said there was nothing he could do. I would have to call the medical director if I wanted to get an exception,” he recalled. “It took me an hour to cool down before I could resume my medical practice.

“I thought: I need to do something to help my patients understand and—to a certain degree—publicly shame our payers, because what they are doing is not appropriate,” said Dr. Ali, an AMA member who is also the governor of ACG’s Oklahoma chapter.

## Treatment delays cause patient harm

Prior authorization is a health plan utilization-management or cost-control process that requires physicians to get approval before a prescribed treatment, test or medical service qualifies for payment.

More than one-third (34%) of 1,004 physicians in an AMA survey (PDF) reported that prior authorization led to a serious adverse event for a patient in their care. This includes hospitalization (24%) and disability or even death (8%). Patients and physicians can read about reform efforts and share their personal experiences with prior authorization at [FixPriorAuth.org](https://www.fixpriorauth.org) or using the #FixPriorAuth hashtag on Twitter.

Dr. Ali, who tweets about the problem using the #RespectMyPrescription hashtag, told of patients of his “who, because of that delay, have ended up being in the emergency room ... I have had patients who, because of this, have had surgeries performed because the insurance was not approving

medications.”

## How prior auth erodes patient trust

Prior authorization also undermines the patient-physician relationship, Dr. Ali said. After carefully counseling patients about the risks and benefits of a biologic medication and why he’s prescribing it, he will often hear back from patients frustrated by delays and denials by payers.

“I tell them I’m waiting,” Dr. Ali said. “Sometimes, the wait period is two weeks to two months, so the patient feels like I’m not doing my job.”

Once, Dr. Ali was told to “keep the cost in mind” for the biologic medications he prescribes for his IBD patients.

“My rebuttal to them is that you can save some pennies there, but then you're going to spend dollars later, because it's going to cause more complications in our patients by not giving them these medications in a timely fashion,” Dr. Ali said. “These patients will end up having surgeries. They will end up getting hospitalized and undergo further investigations that could have been avoided and that will increase the cost of the care.”