2025 AMA prior authorization (PA) physician survey
Question list

For survey results, please see here.

Patient impact

- *Care delays associated with PA*
  - For those patients whose treatment requires PA, how often does this process delay access to necessary care?
- *Treatment abandonment due to PA*
  - How often do issues related to the PA process lead to patients abandoning their recommended course of treatment?
- *Impact of PA on clinical outcomes*
  - For those patients whose treatment requires PA, what is your perception of the overall impact of this process on patient clinical outcomes?
- *PA criteria based on evidence-based medicine*
  - How often are health plans' PA criteria based on evidence-based medicine and/or guidelines from national medical specialty societies?
- *Serious adverse events*
  - In your experience, has the PA process ever affected care delivery and led to a serious adverse event (e.g., death, hospitalization, disability/permanent bodily damage, or other life-threatening event) for a patient in your care?

Burdens and costs

- *Number of PAs*
  - Please provide your best estimate of the number of prescription and/or medical services PAs completed *by you yourself and/or your staff* for your patients *in the last week*. Do not include PAs that practice staff completed for the patients of other physicians in your practice.
- *Time to complete PAs*
  - Thinking about all of the PAs you and your staff completed in the last week, please provide your best estimate of the number of hours spent on processing these PAs. Do not include PAs that practice staff completed for the patients of other physicians in your practice.
- *Practice resources for PA workload*
  - Do you have staff members in your practice who work exclusively on PA?
- *Impact of PA on physician burnout*
  - Based on your experience, what is your perception of the overall impact of PA on physician burnout?
- *PA denials*
  - How often are PA requests for the prescription medications and/or medical services that you order denied?
  - How has the number of PA denials changed over the *last five years*?
- *PA appeals*
  - In the event a PA is denied, how often do you *appeal* the denial?
  - In the event that a PA request is denied, which of the following is a common reason you do not appeal the denial? (e.g., Patient care cannot wait for the health plan to approve the PA; insufficient

practice staff resources/time; based on past experience, I do not believe that the appeal will be successful).

- *Augmented Intelligence (AI) and PA*
  - How concerned are you that health plans' use of *augmented intelligence* (i.e., artificial intelligence/AI) increases/will increase PA denial rates?
- *Resource utilization due to PA*
  - Please consider how your patients' utilization of health care resources is impacted by the PA process. In your experience, how often does the PA process lead to higher overall utilization of health care resources (e.g., additional office visits, initial use of less effective therapy due to step therapy requirements, emergency room visits, hospitalization)?
  - In which of the following ways has the PA process led to higher overall utilization of health care resources for patients in your care (e.g., ineffective initial treatment [e.g., due to step therapy requirements], additional office visits, immediate care/ER visits, hospitalizations)?

Are insurers honoring their commitments?

- *Physician confidence in insurer pledge*
  - On June 23, 2025, over sixty health insurers pledged their commitment to voluntarily reform their prior authorization programs to reduce prior authorization burdens. How likely is it that this commitment will make a meaningful difference for patients and physicians?
- *Lack of appropriate clinical review*
  - One of the specific commitments included in the June 23, 2025 pledge was that, for all coverage types, "all prior authorization denials based on medical necessity for clinical factors will be reviewed by a licensed and qualified clinician." To what extent do you agree that health plan denials based on medical necessity for clinical factors are being reviewed by a licensed and qualified clinician?
  - A peer-to-peer review during the prior authorization process typically involves you, the physician, discussing why a medical service or prescription medication is medically necessary and should be covered with a "peer" from the health plan. When completing a peer-to-peer review during the prior authorization process, how often does the health plan's "peer" have the appropriate qualifications to assess and make a determination regarding the prior authorization request (i.e., Is the "peer" licensed in your state and of the same specialty as a physician who typically manages the medical condition or disease or provides the health care service involved in the request)?
- *Selective application of PA*
  - Do any of the health plans with which you contract offer programs that exempt physicians from PA requirements? (These exemptions can be based on performance [e.g., gold card programs] or participation in risk-based payment models.)
- *PA program review and volume adjustment*
  - How has the number of PAs required for prescription medications used in your patients' treatment changed over the *last five years*?
  - How has the number of PAs required for medical services used in your patients' treatment changed over the *last five years*?
- *Transparency and communication regarding PA*
  - How difficult is it for you and/or your staff to determine whether a prescription medication requires PA?
  - How difficult is it for you and/or your staff to determine whether a medical service requires PA?
  - How often is the information about prescription drug PA requirements provided in your electronic health record (EHR)/electronic prescribing system accurate?
- *Continuity of patient care*
  - How often does the PA process interfere with the continuity of ongoing care (e.g., missed doses, interruptions in chronic treatment)?

    - Considering the cases where the PA process leads to an interruption in ongoing therapy, how often does this interruption lead to clinically destabilizing a patient whose condition was previously stabilized on a specific treatment plan?
- *Automation to improve transparency and efficiency*
    - Please indicate how often you and/or your staff use each of the following methods to complete PAs for prescription medications/medical services (e.g., EHR/electronic prescribing system, health plan portal/website, fax, phone, e-mail, U.S. mail).
- *Physician access to electronic PA within EHR*
    - Does your EHR/electronic prescribing system allow you to process PA requests for prescription medications without exiting the system to use a separate portal?

Insurer PA performance

- *PA burdens by insurer*
    - How would you describe the burden associated with PA in your practice for the following health plans?
- *PA burdens by lines of business*
    - How would you describe the burden associated with PA in your practice for the following lines of business/patient populations?