March 15, 2022

Micky Tripathi, Ph.D., M.P.P.
Coordinator
Office of the National Coordinator for Health Information Technology (ONC)
U.S. Department of Health and Human Services
330 C St SW
Washington, DC 20201

**RE: Request for Information: Electronic Prior Authorization Standards, Implementation Specifications, and Certification Criteria [RIN 0955-AA04]**

Dear Dr. Tripathi,

The American Academy of Neurology (AAN) is the world's largest neurology specialty society representing more than 38,000 neurologists and clinical neuroscience professionals. The AAN is dedicated to promoting the highest quality patient-centered neurologic care. A neurologist is a physician with specialized training in diagnosing, treating, and managing disorders of the brain and nervous system. These disorders affect one in six people and include conditions such as multiple sclerosis (MS), Alzheimer's disease, Parkinson's disease, stroke, migraine, epilepsy, traumatic brain injury, ALS, and spinal muscular atrophy.

Thank you for the opportunity to provide feedback in response to this request for information (RFI). Physicians in the United States complete an average of 41 prior authorization (PA) requests every week,[1] taking an average of 13 hours to process.[2] PA is one of the most time- consuming and expensive administrative requirements preventing physicians from spending more time with patients. Over 90% of clinicians reported that PA requirements have a negative impact on patient clinical outcomes[3] and 82% of clinicians reported that issues associated with PA can lead to patients abandoning a recommended course of treatment.[4] Burdens associated with PA are often cited as a top concern among AAN members. Given the numerous issues that PA creates for providers and patients, the AAN appreciates the Office of the National Coordinator for Health Information Technology's (ONC) consideration of the need for electronic prior authorization (ePA) standards, implementation specifications, and

---

[1] "2021 AMA Prior Authorization (PA) Physician Survey." American Medical Association, 2022, https://www.ama-assn.org/system/files/prior-authorization-survey.pdf
[2] Ibid
[3] Ibid
[4] Ibid

certification criteria that could be adopted within the ONC Health Information Technology (IT) Certification Program. The AAN strongly urges ONC to expeditiously move forward with development and implementation.

The AAN has previously supported implementation of the National Council for Prescription Drug Program ePA transaction standards and the adoption of the SCRIPT standards by the ONC in May of 2020. The AAN appreciates ONC's effort to expand upon this progress and promulgate additional standards.

Functional Capabilities for Electronic Prior Authorization Certified Health IT

The AAN supports the development and inclusion of a core set of functional capabilities for ePA as part of the ONC's existing certification process for health IT. Our members have expressed frustration with existing ePA systems relating to inaccurate or inadequate population of information from the Electronic Health Record (EHR) to the relevant form and payer. The AAN believes that the core set proposed in the RFI is necessary to ensure that information in the EHR can be leveraged to support the timely and automated electronic completion of prior authorization processes.

The AAN urges ONC to consider a standard requiring accurate and comprehensive collection of clinical and administrative documentation from the EHR, rather than merely mandating the capability to "collect clinical and administrative documentation needed to complete prior authorization documentation (electronic forms or templates) from a health IT system." The AAN believes this is necessary in order to ensure that ePA systems are able to effectively automate the laborious elements of PA that impact patient care by tying up physician, nurse, or medical assistant time. Absent this modification, the AAN is concerned with the potential for faulty or inadequate ePA systems resulting in similar or additional labor to review and correct information that is not correctly transmitted. The AAN also believes that there is an opportunity to promote transparency and information sharing with patients by allowing patients to monitor the status of these PA requests through ePA system compatibility with patient access API standards.

Additionally, while the AAN strongly supports inclusion of the proposed functional capabilities, ONC should be mindful of potential patient privacy concerns. The AAN believes that ePA processes should be aligned with the HIPAA minimum necessary standard to ensure that payers are making reasonable efforts to ensure that all data that is automatically collected is necessary to complete a particular transaction. The AAN is concerned that EHRs may automatically fill as many fields as possible and submit more than the strictly necessary and relevant information. The AAN is also concerned that extraneous data may be used by a payer to inappropriately justify a denial or prolong the approval process.

Impact on Providers

The AAN is grateful that ONC recognizes the need for feedback from providers when developing and implementing ePA standards and capabilities.

*To what degree is availability of electronic prior authorization capabilities within certified health IT likely to reduce burden for healthcare providers who currently engage in prior authorization activities?*

While we are hopeful that the establishment and implementation of ePA capabilities and standards can serve to reduce burden on physicians and staff, we express concern over the potential for inadequate standards. If data can be accurately and comprehensively pulled electronically rather than requiring manual entry, it will likely alleviate burden on providers and staff. Inadequate systems and standards are likely to lead to additional administrative burden as additional data entry responsibilities would be placed on the provider. The AAN believes that ePA systems must be capable of truly automating the PA process and be efficient enough that non-physician staff can manage associated issues.

*To what degree are healthcare providers likely to use these new capabilities across their patient panels? Will additional incentives or requirements be needed to ensure healthcare providers effectively use these capabilities? What accompanying documentation or support would be needed to ensure that technology capabilities are implemented in ways that effectively improve clinical workflows?*

If capabilities are implemented to allow for seamless completion of ePA processes, then the AAN anticipates that these new capabilities would be widely and rapidly adopted. If they are not seamless and cause additional burden due to the need for re-entry or correction of inputted data, then they will likely be abandoned. In addition to the core functionality described in the RFI, the AAN believes that ONC should consider the need for capabilities to support electronic appeal and peer-to-peer review.

Conclusion

Reducing administrative burdens associated with prior authorization is a top priority for the AAN. The AAN appreciates ONC's commitment to improving ePA processes and promoting standards. The AAN believes that reducing PA-related burdens will reduce costs and improve patient outcomes by allowing providers to focus more of their time on patient care, rather than administrative tasks. Please contact Max Linder, the AAN's Government Relations Manager at mlinder@aan.com or Matt Kerschner, the AAN's Director, Regulatory Affairs at mkerschner@aan.com, with any questions or requests for additional information.

Sincerely,

Orly Avitzur MD

Orly Avitzur, MD, MBA, FAAN
President, American Academy of Neurology