ASCO Quality Training Program

Decreasing the Number of Authorization Denials in an Academic Medical Oncology Practice

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Institution: Seidman Cancer Center

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Institutional Overview

- University Hospitals Seidman Cancer Center is a NCI designated Comprehensive Cancer Center

- Part of Case Western Reserve University School of Medicine

- 16,598 patient visits in 2018

- 37 infusion chairs at main campus

- Cancer Center is a 120-bed facility

- Only free-standing cancer center in NE Ohio

- Only cancer center in the region to offer patients proton therapy

- Over 300 clinical trials

- Cleveland Medical Center has 1032 beds

Team members

- Physicians

- Advance practice providers

- Nurse partners

- Phone nurses

- Prior authorization team

Problem Statement

- In 2018, First Pass Denial Rates averaged 8.41% per month at Seidman Cancer Center leading to peer to peer requests that consume time and effort of providers which cause frustrations and contribute to burnout and impact patient care.
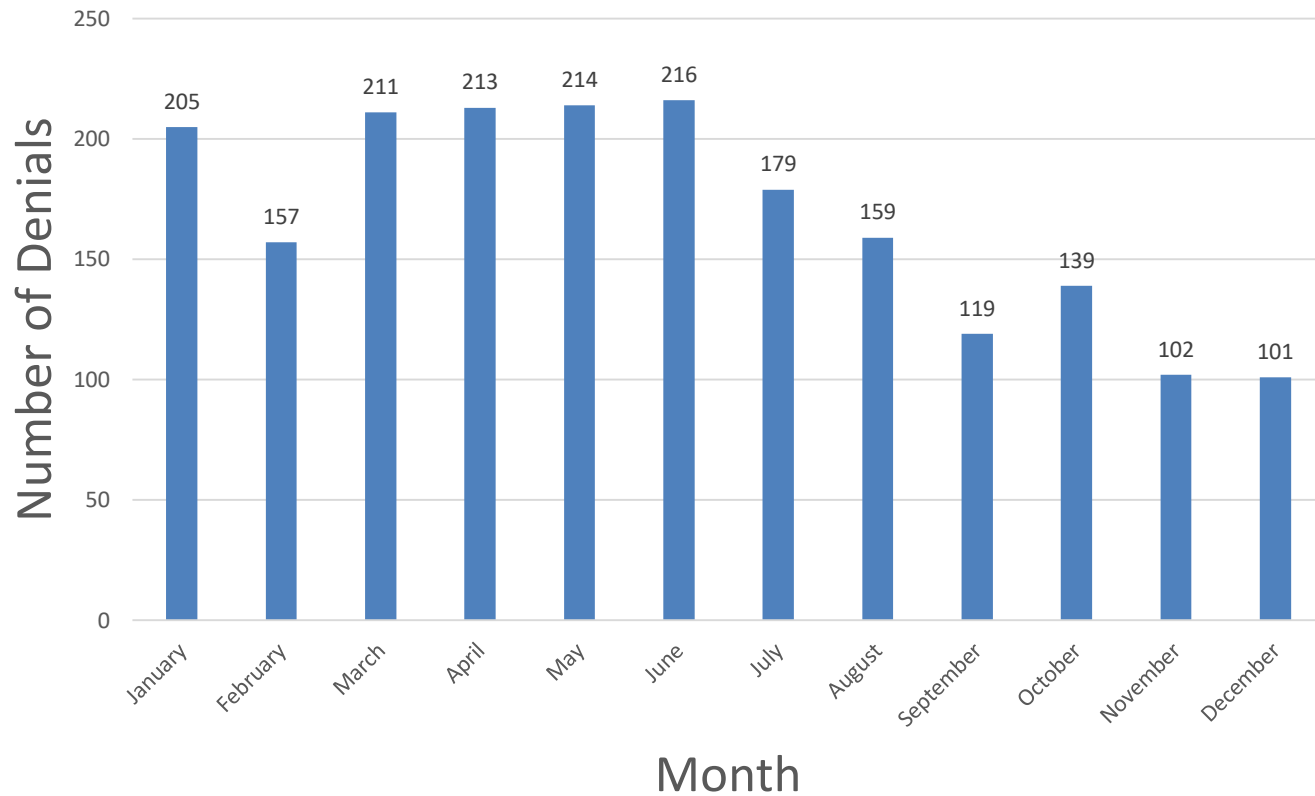
Baseline data summary

| Item	Description
Measure:	Monthly average of First Pass Denial Rates by tests requested by Medical Oncology
Patient population:	Medical oncology patients in the outpatient setting
Calculation methodology:	Our process measure will be how many times they use this template. Outcome measure will be to ultimately decrease the monthly First Pass Denial Rate average by 25% by December 1st, 2020. *Numerator is number of services denied authorization at first pass *Denominator is all services requested by medical oncology providers
Data source:	Denials dashboard for UH - Seidman Cancer Center Radiology orders Data base for Seidman Cancer Center
Data collection frequency:	Monthly
Data limitations:	Data entered late and missing data

Baseline data

First Pass Authorization Denial for SCC
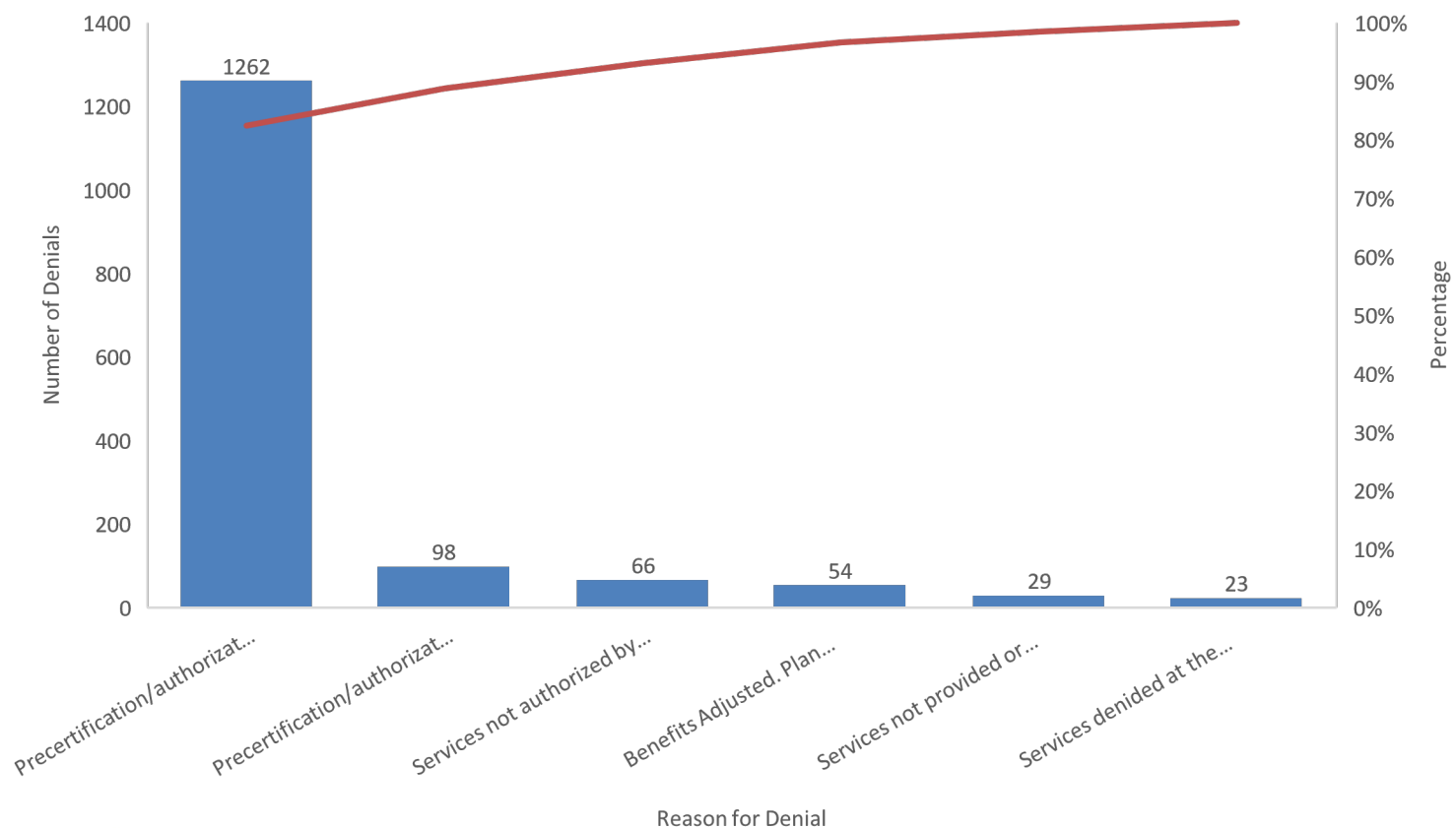
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First pass all authorization denial for SCC

First Pass Authorization Denial For SCC - 2018
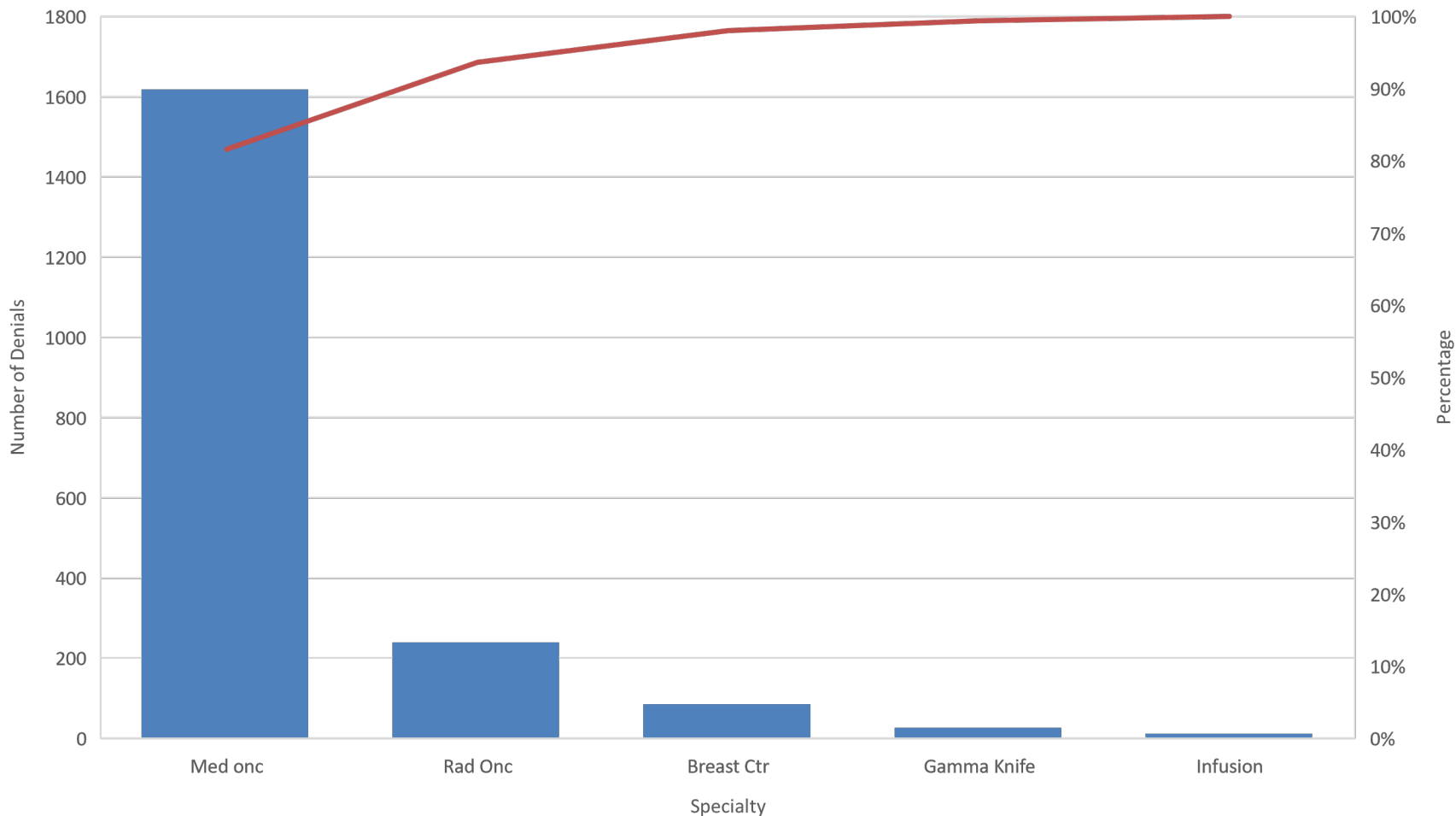
First Pass all authorization denial specific statistics—Medical oncology

First Pass All Authorization Denial Specific Statistics--Medical Oncology, 2018

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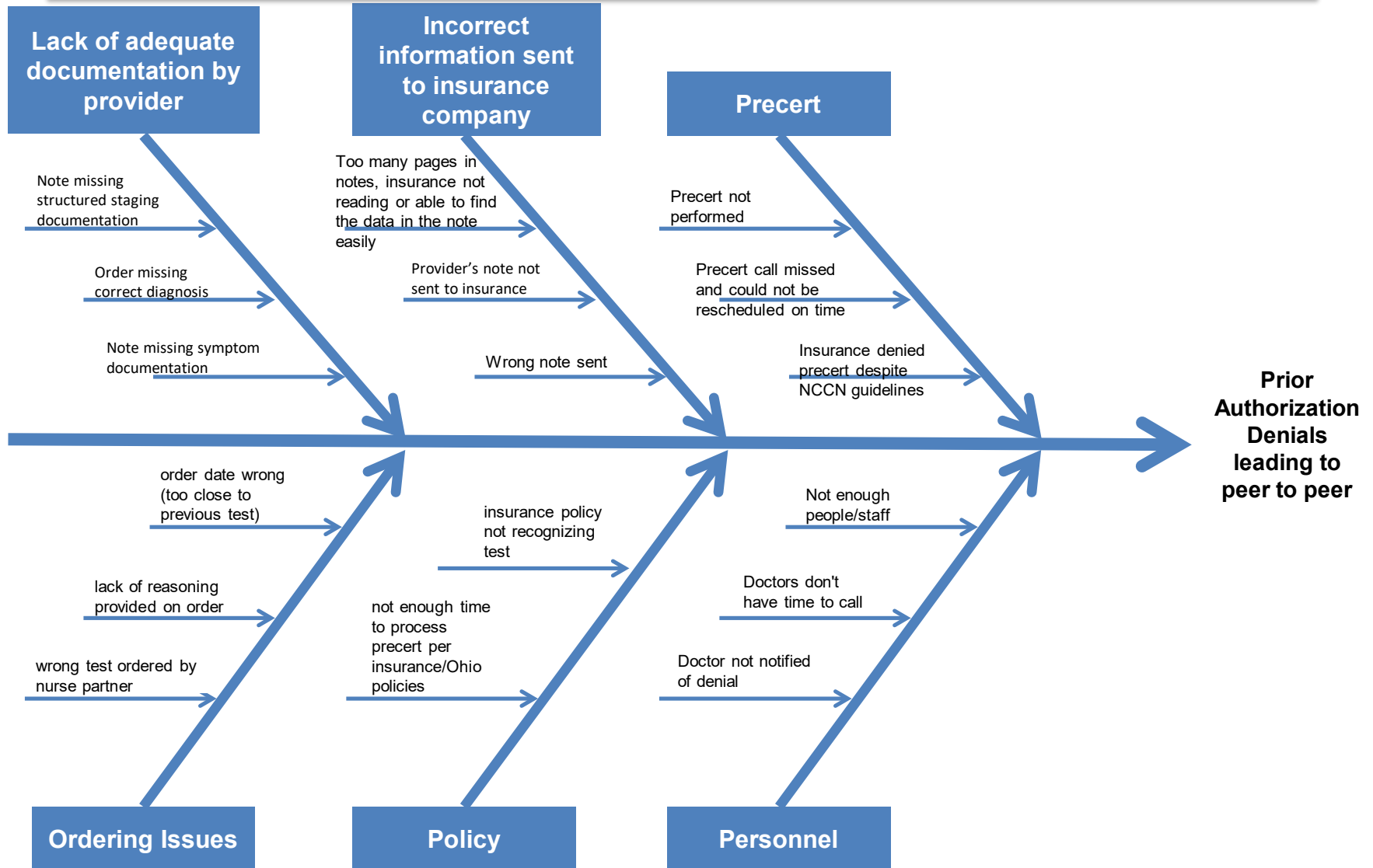
Aim Statement

- Decrease the monthly First Pass Denial Rate average by 25% by May 31, 2020.
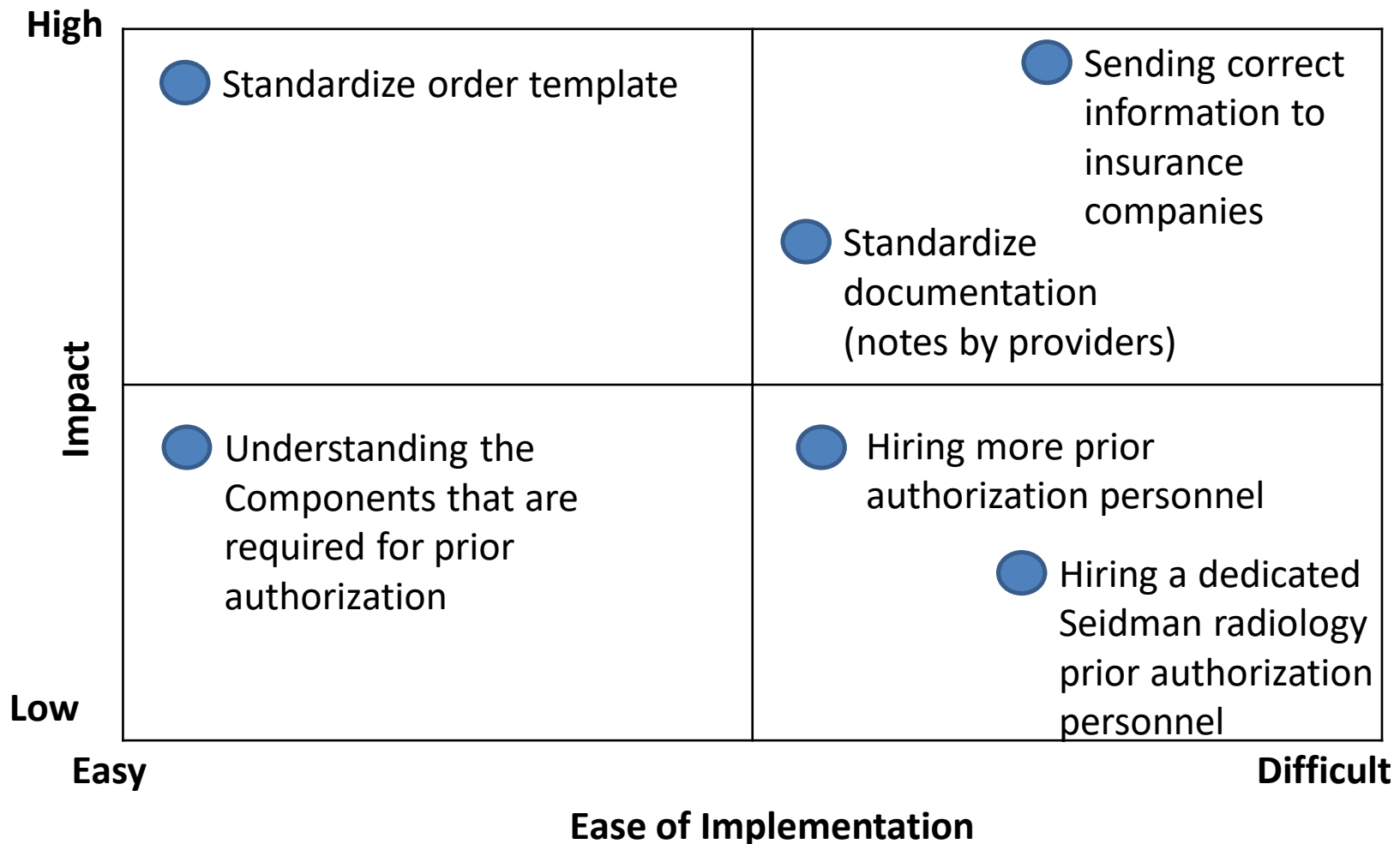
Process map
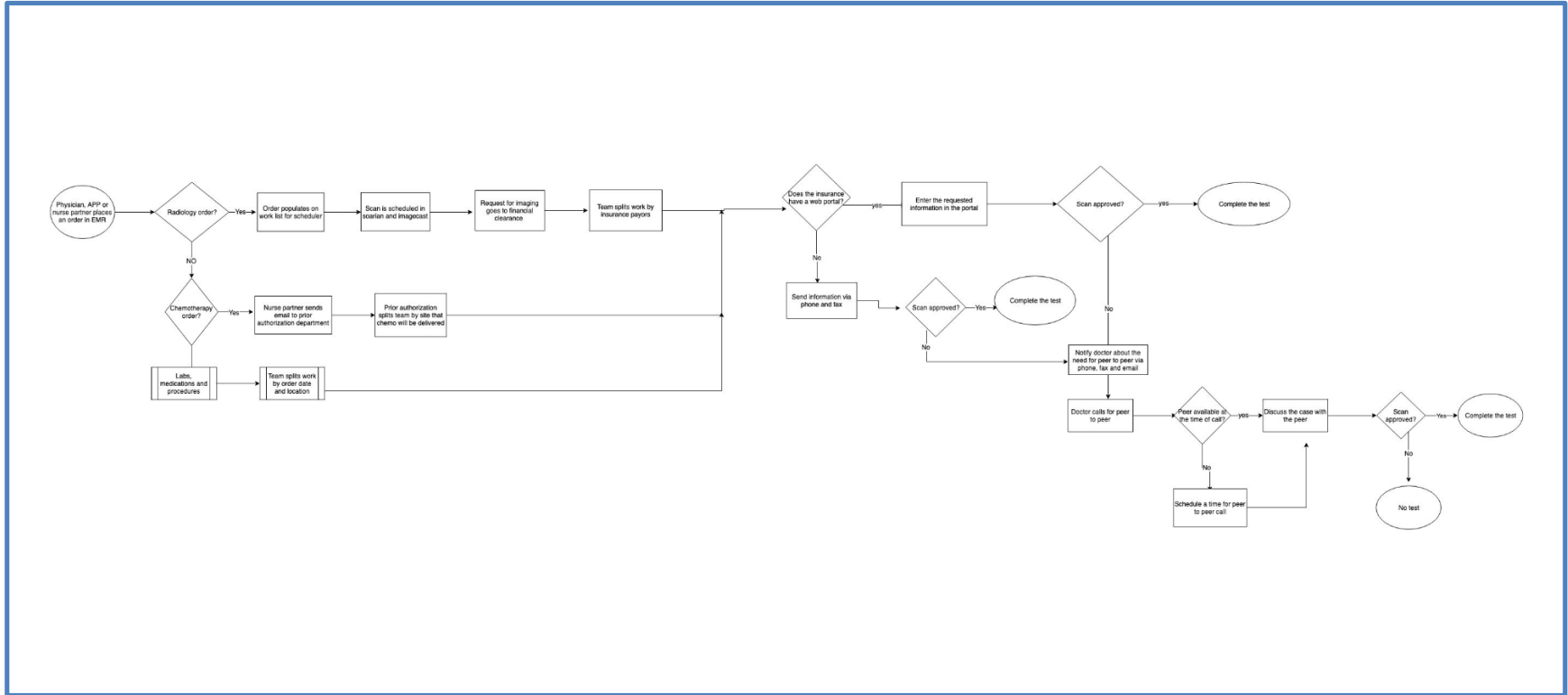
Increased awareness of possible barriers. There were 10 steps leading to a completion of a radiology test and 3 decision points. At least 4 people are involved with each test and main liaison is the nurse partner.

Cause & Effect Diagram

Lack of adequate documentation by provider

Note missing structured staging documentation

Order missing correct diagnosis

Note missing symptom documentation

Incorrect information sent to insurance company

Too many pages in notes, insurance not reading or able to find the data in the note easily

Provider's note not sent to insurance

Wrong note sent

Precert

Precert not performed

Precert call missed and could not be rescheduled on time

Insurance denied precert despite NCCN guidelines

Prior Authorization Denials leading to peer to peer

order date wrong (too close to previous test)

lack of reasoning provided on order

wrong test ordered by nurse partner

insurance policy not recognizing test

not enough time to process precert per insurance/Ohio policies

Not enough people/staff

Doctors don't have time to call

Doctor not notified of denial

Ordering Issues

Policy

Personnel

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Priority / Pay-off Matrix
Countermeasures

High

Impact

- Standardize order template
- Sending correct information to insurance companies
- Standardize documentation (notes by providers)
- Understanding the Components that are required for prior authorization
- Hiring more prior authorization personnel
- Hiring a dedicated Seidman radiology prior authorization personnel

Low

Easy — — — **Difficult**

Ease of Implementation

Diagnostic Data summary

| Item	Description
Measure:	Percentage of radiology orders utilizing new template since October 1, 2019.
Patient population:	Medical oncology patients in the outpatient setting
Calculation methodology:	Numerator: radiology orders placed utilizing new template since 10/1/19 Denominator: total number of radiology orders placed since 10/1/19
Data source:	Radiology orders Data base for Seidman Cancer Center
Data collection frequency:	Monthly
Data limitations:	Missing data, If unable to extract structured data for template use from EMR

Process Measure
Diagnostic Data

Orders placed
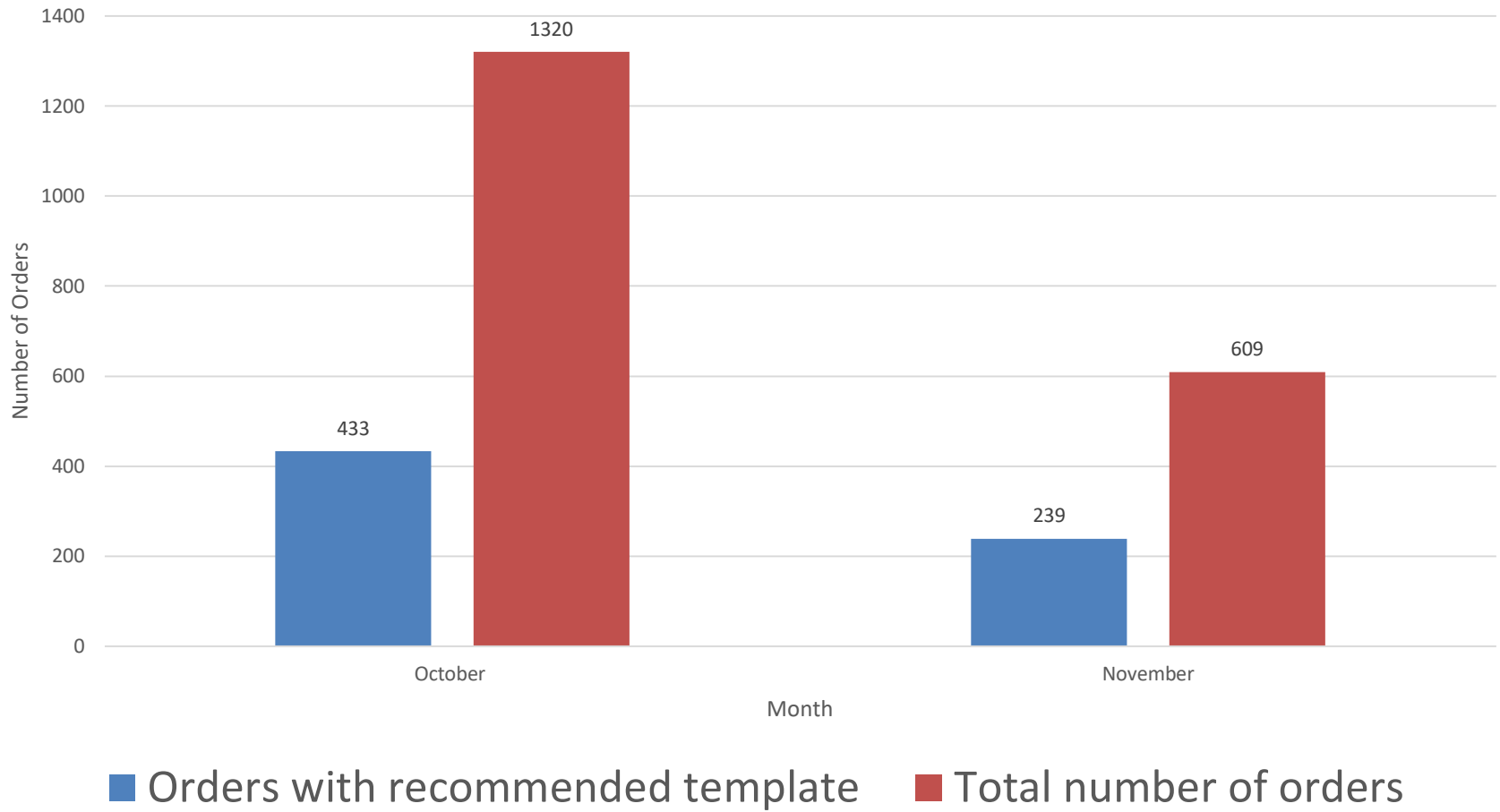
PDSA Plan

Date	PDSA Description	Result
9/18/19-9/30/19	PDSA 1 • Create Template for order entry • Educate nurse partners and advanced practice providers • RN partners given template handout	• 100% of nurse partners and APPs were educated.
10/1/19-10/31/19	PDSA 2 • Educate Physicians • Measure compliance rate of the template	• 80% of physicians were educated. • 32.8% compliance
11/1/19-ongoing	PDSA 3 • Address the barriers for compliance • Educate on resources	• 39.2% compliance

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% Compliance with Template
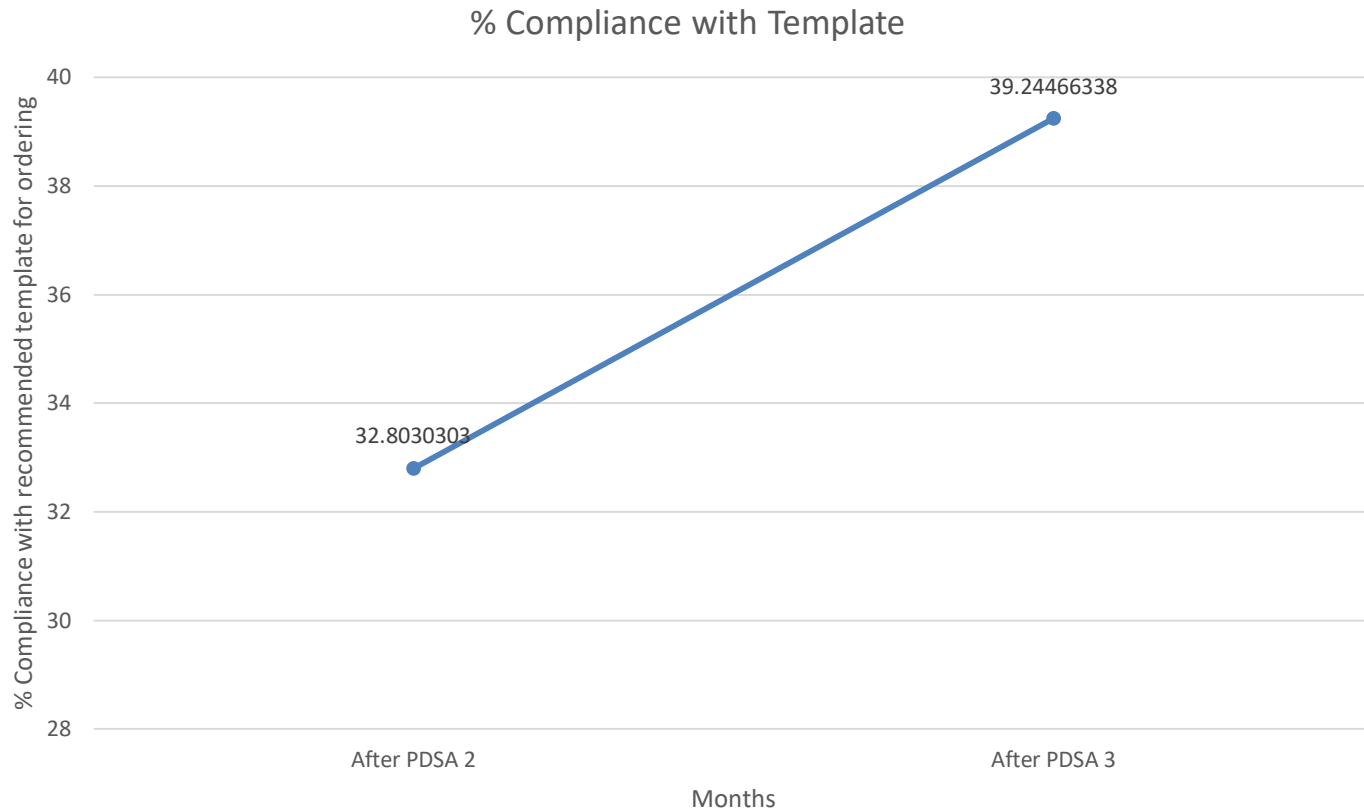
Sustainability Plan

Next Steps	Owner
Educate staff in radiology financial clearance about appropriate clinical information to send	M. Patel D. Bruno
Designated RN liaison for review of oncology scans	M. Patel D. Bruno
Streamline process for the orders that do require peer to peer	M. Patel Dr. Bruno

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Conclusion

- Peer to peer request consume time and effort of providers cause frustrations, and contribute to burnout and impact patient care.

- While many factors cannot be controlled, modifying the order process and educating the involved personnel may decrease the need for peer to peer.