

RESOLUTION 2019 B

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Ryan Christensen DO & M. Shane Patterson DO, MCOMA Delegates

RECOMMENDATION: Approve as Amended

SUBJECT: Prior Authorization and Utilization Management Reform

- 1 **Whereas**, according to an American Medical Association (AMA) survey, more than 90%
2 of physicians said prior authorizations including, but not limited to, prescriptions,
3 procedures and durable medical equipment, had a significant negative clinical impact,
4 with 28 percent reporting that prior authorizations had led to a serious adverse event such
5 as a death, hospitalization, disability, permanent bodily damage, or another life-
6 threatening event for a patient in their care;¹ and
- 7 **Whereas**, the vast majority of physicians (86 percent) described the administrative
8 burden associated with prior authorization as “high or extremely high,” and 88 percent
9 said the burden has gone up in the last five years; and
- 10 **Whereas**, 66% of prescriptions that get rejected at the pharmacy require a prior
11 authorization, only 29% of patients end up with the original prescribed medication and
12 40% of patients end up abandoning the treatment altogether; and
- 13 **Whereas**, formulary changes are made indiscriminately and capriciously without
14 notification to prescribers or patients and insurance enrollment periods are limited but
15 policy and formulary changes by insurers can be made at any time; and
- 16 **Whereas**, nonmedical switching, when patients are switched to an alternative drug
17 because the drug was removed from the formulary, worsened outcomes for 95% of
18 chronic disease patients; be it,
- 19 **Resolved**, The Michigan Osteopathic Association adopt the following policy statement
20 and affirm its tenets as a priority for advocacy:
- 21 The Michigan Osteopathic Association (MOA) asserts physicians using appropriate
22 clinical knowledge, training, and experience should be able to prescribe and/or order
23 without being subjected to need to obtain prior authorizations. The MOA further
24 maintains that a physician's attestation of clinical diagnosis or order should be sufficient
25 documentation of medical necessity for durable medical equipment. In rare circumstances
26 when prior authorizations are clinically relevant, the MOA upholds they should be
27 evidenced-based, transparent, and efficient to ensure timely access and ideal patient
28 outcomes. Additionally, physicians that contract with health plans to participate in a
29 financial risk-sharing agreement should be exempt from prior authorizations.
- 30 The MOA affirms that prior authorizations should be standardized and universally
31 electronic throughout the industry to promote uniformity and reduce administrative

32 burdens. Prior authorizations create significant barriers for physicians to deliver timely
33 and evidenced-based care to patients by delaying the start or continuation of necessary
34 treatment. The manual, time-consuming and varied processes used in prior authorization
35 programs burden physicians, divert valuable resources away from direct patient care, and
36 lead to negative patient outcomes.

37 The MOA believes that generic medications should not require prior authorization. The
38 MOA further affirms step therapy protocols used in prior authorization programs delay
39 access to treatments and hinder adherence. Therefore, the MOA maintains that step
40 therapy should not be mandatory for patients already on a course of treatment. Ongoing
41 care should continue while prior authorization approvals or step therapy overrides are
42 obtained. Patients should not be required to repeat or retry step therapy protocols failed
43 under previous benefit plans. Additionally, the MOA asserts that health plans should
44 restrict utilization management programs to “outlier” physicians whose prescribing or
45 ordering patterns differ significantly from their peers after adjusting for patient mix and
46 other relevant factors.

47 And, be it further

48 **Resolved**, that the Michigan Osteopathic Association assert and advocate to legislators,
49 insurance companies, and insurance regulatory bodies that formulary changes should not
50 occur more than 1 time per year and that any change require a 90 day written notice to the
51 patient and prescribing physician that includes rationale for the change, and where the
52 prescribed device or medication can be obtained; and, be it further

53 **Resolved**, that the Michigan Osteopathic Association formally join the AOA and other
54 stakeholders in publicly supporting & affirming the “Prior Authorization and Utilization
55 Management Reform Principles” ([https://www.ama-assn.org/sites/ama-
56 assn.org/files/corp/media-browser/principles-with-signatory-page-for-slsc.pdf](https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/principles-with-signatory-page-for-slsc.pdf)) in
57 addition to the aforementioned policy statement; and, be it further

58 **Resolved**, that the MOA forward this resolution to the AOA in 2019 for consideration
59 and adoption in addition to the AOA’s existing policy on prior authorization (H640-A/16
60 PRIOR AUTHORIZATION, etc.).

ⁱ “1 in 4 doctors say prior authorization has led to a serious adverse event” in AMA News, <https://www.ama-assn.org/practice-management/sustainability/1-4-doctors-say-prior-authorization-has-led-serious-adverse> February 5, 2019. Accessed March 15, 2019.

RESOLUTION 2019 F

SUBMITTED TO: Michigan Osteopathic Association House of Delegates
SUBMITTED BY: Ryan Christensen, DO & M. Shane Patterson, DO, MCOMA Delegates
RECOMMENDATION: Approve as Amended
SUBJECT: Delegate access to Michigan MAPS via EHR integration

- 1 **Whereas**, while Electronic Health Record (EHR) workflow adds to physician workload
2 and increased administrative burden and the use of non-licensed office staff often
3 provides assistance in reducing this burden; and
- 4 **Whereas**, Michigan enacted law which requires an inquiry be made to the MI LARA
5 MAPS (www.michigan.pmpaware.net) prior to any prescription for a controlled
6 substance; and
- 7 **Whereas**, the web enabled Apriss Health MAPS program allows a physician to delegate
8 a staff member to inquire into MAPS on their behalf; and
- 9 **Whereas**, because maps functionality does not include EHR integration at this time,
10 physicians must take steps to facilitate patient flow, including but not limited to the
11 following:
- 12 - Delegate access to conduct MAPS searches
 - 13 - Partial name search
 - 14 - Searches that return multiple records
 - 15 - MyRx
 - 16 - Search history (including delegate search history)
 - 17 - Bulk patient search
 - 18 - Delegate management
 - 19 - User profile
 - 20 - All interstate data sharing options
 - 21 - Announcements
 - 22 - Password reset (every 90 days)
 - 23 - Patient alerts
 - 24 - Prescriber trend notifications¹; therefore, be it
- 25 **Resolved**, the MOA contact legislators and LARA to enumerate these issues that make
26 the current law burdensome to physicians; and be it further
- 27 **Resolved**, the Michigan Osteopathic Association advocate for improving the current
28 limitations on MAPS EHR integration especially by allowing delegation of access to
29 conduct MAPS searches within EHR programs and thus improving user functionality.

¹ https://www.michigan.gov/documents/lara/MAPS_Welcome_Packet_604249_7.pdf