

The Task Force Releases Principles for Prior Authorization Policies in Value-Based Care Arrangements

This resource seeks to improve prior authorization processes as payers and providers implement and refine value-based care arrangements to best serve patients.

WASHINGTON, DC, UNITED STATES, September 6, 2023 /EINPresswire.com/ -- The [Health Care Transformation Task Force](#) (HCTTF or Task Force) – a group of leading health care payers, providers, purchasers, patient organizations, and value transformation partners – released a new resource titled Principles for Prior Authorization Policies in Value-Based Care Arrangements. This resource seeks to improve prior authorization processes for payers and providers as they implement and refine value-based care arrangements in a way that best serves patients.



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Emily Brower, HCTTF Chair

Current prior authorization policies impose significant burdens on patients, providers, and payers, which can lead to delayed or denied patient care. The Task Force believes that value-based care arrangements have the potential to reduce the need for prior authorization and streamline the process. This new resource’s purpose is to: (1) promote the delivery of guideline-adherent care, (2) serve as a guardrail for patient safety, (3) minimize delays in patient care and patient burden, and (4) reduce administrative costs and friction between payers and providers.

The principles center on the premise that prior authorization policies should be:

1. Collaborative: Prior authorization policies should be developed in collaboration with providers and adjusted to account for shifting provider incentives under value-based care arrangements.
2. Safe: Prior authorization standards should prioritize patient safety and the promotion of high-quality care.
3. Transparent: The prior authorization process should be transparent for patients, purchasers, and providers. □

4. Efficient and Patient-Centered: The prior authorization process should be efficient, minimizing the burden on patients, providers, and payers, and should prioritize continuity of care for patients.

5. Expedient: The prior authorization process should minimize delays in care for patients.

“Prior authorization requirements can be a drain on the health care system, often unnecessary, leading to delays in care for patients,” said Emily Brower, Senior Vice President, Clinical Integration and Physician Services, Trinity Health and HCTTF Chair. “These principles offer a way for stakeholders to reconceptualize prior authorization processes to advance more efficient and effective policies across all populations.”

“This resource serves as an essential framework for payers and providers in value-based care arrangements seeking to create greater efficiencies in the prior authorization process,” said Jeff Micklos, HCTTF Executive Director. “The reality is proper value-based care incentives reduce the need for prior authorization in many cases and allow for more timely access to care. Greater collaboration and transparency around the process will also ensure prior authorization remains an efficient patient safety check.”

For more information, please visit <https://hcttf.org>

ABOUT HEALTH CARE TRANSFORMATION TASK FORCE

Health Care Transformation Task Force is a unique collaboration of patients, payers, providers and purchasers working to lead a sweeping transformation of the health care system. By transitioning to value-based models that support the Triple Aim of better health, better care and lower costs, the Task Force is committed to accelerating the transformation to value in health care. To learn more, visit WWW.HCTTF.ORG.

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