

1 **RESOLUTION #17-03**

2 **ENTITLED:** Prior Authorization (PA)

3 **SUBMITTED BY:** Bernard Emkes, MD

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5 WHEREAS, the cost of healthcare is ever-increasing, and

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7 WHEREAS, employers and other payers are incessantly looking for ways to impede or obstruct the
8 use of certain high cost medications and services, and

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10 WHEREAS, one way to do that is to require PA for more and more services, and

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12 WHEREAS, the additional work required by physician offices has exponentially increased as witnessed
13 by "new" employees who do nothing but request and argue for care and services deemed appropriate
14 by the attending physician, and

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16 WHEREAS, this process is out-of-control, and has been a significant drain on provider resources for
17 some time - especially every New Year, and

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19 WHEREAS, long term effective treatments must be re-authorized anew every New Year or with any
20 payer change, and often denied with suggestions to take steps backward to previously tried and failed
21 treatments, and

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23 WHEREAS, this process engenders poor patient care, relapses and worsening medical conditions well
24 understood by the attending doctor, and

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26 WHEREAS, web sites with lists of approvable, preferred or otherwise acceptable care and services are
27 neither consistent nor transparent; therefore be it

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29 RESOLVED, that the Indiana Academy of Family Physicians (IAFP) promote the appropriate use of PA
30 for ONLY those requests and services that clearly fall outside the standard of care, and be it further

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32 RESOLVED, that IAFP promote continuity of care when established regimens are effective at
33 controlling a patient, and be it further

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35 RESOLVED, that IAFP create policy that unless a health plan, pharmacy vendor or other payer source
36 can document that medical care or a specific service or pharmaceutical is NOT appropriate, they shall
37 approve the request of the attending physician.