ADMINISTRATIVE BURDEN SURVEY REPORT
EXECUTIVE SUMMARY

June 2019

BACKGROUND AND PURPOSE

Recognizing that administrative burden is a major problem for the physical therapy profession and for health professions in general, APTA has made easing it one of the association’s strategic priorities. However, there was no data other than anecdotal evidence that illustrated the nature and impacts of administrative burdens specifically faced by physical therapists (PTs) and physical therapist assistants (PTAs). To convey the concerns of the physical therapy community to congressional committees and staff, federal and state regulators, state legislators, employers, payers, third-party administrators, and others, APTA needed to collect objective, measurable findings. The association surveyed 1,599 members (number of responses included after screening criteria was applied to 1,617 returned surveys) on prior authorization, obtaining treatment approval, patient impact, and effects on the profession. The results allow APTA to be specific in articulating the amount of burden on the profession, the greatest burdens being faced, and the toll these burdens are taking on patient outcomes and on the PTs and PTAs who provide services.

KEY FINDINGS

1. Prior authorization is a primary source of burden with most front desk staff spending more than 10 minutes for an initial prior authorization and a majority of front desk staff and clinicians spending more than 10 minutes when requesting approval for continued visits for patients in all types of health plans.

2. 72.5% of respondents wait for a prior authorization from a health plan an average of 3 days or more.

3. Nearly 3/4 of respondents indicated that prior authorization requirements delay access to medically necessary care by more than 25%.

4. Most respondents indicated that 25% of clinician and staff time would be saved if Congress constructed legislation that requires standardization of prior authorization forms and processes.

5. 74% of respondents agreed or strongly agreed that prior authorization requirements negatively impact patients’ clinical outcomes.
6. More than 3/4 of respondents say prior authorization burden increases by more than 25% when a third-party administrator is involved in the approval process.

7. 40% of respondents report that even after a payer has said prior authorization isn’t required, more than 25% of claims are later denied for that reason.

8. 65% percent of respondents say more than 30 minutes of staff time is spent preparing an appeal for 1 claim.

9. More than 50% of appealed claims are overturned.

10. 85.2% of providers agree or strongly agree that administrative burden contributes to burnout.

11. 76.5% of facilities have added nonclinical staff to accommodate administrative burden.

12. Top 5 items identified that would reduce administrative burden are:
   a. Standardization of documentation requirements across all stakeholders (51.5% of respondents)
   b. Standardization of coverage policies across payers (38.1%)
   c. Standardization of prior authorization process (36.0%)
   d. Unrestricted direct access (36.1%)
   e. Elimination of requirement for Medicare plan of care signature and recertification (38.8%)

PUTTING THE RESULTS TO USE

APTA will use this data in its advocacy and coalition-building efforts with external stakeholders, including other associations, employers, legislators and policymakers, and third-party payers to advance policies that foster administrative simplification, facilitate direct access to physical therapist services, and standardize prior authorization processes. APTA staff also will use the results in discussions with utilization management (UM) vendors and payers to highlight the need for program standardization and patient centricity with minimized burden. PTs are encouraged to use the data when negotiating payment rates and coding and billing guidelines with payers, and APTA will provide strategies to members and chapter leaders on how to use these findings in state-based and individual discussions with legislators, payers, and UM vendors. Promotion of direct access, reduced burden, and minimized delays in care should be paired with data demonstrating the value of early access to physical therapy for cost effective management of musculoskeletal conditions with improved outcomes at a lower cost.