Prior Authorization and Cancer Care Delays: Highlights from Cancer*Care*'s Red Tape Report

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Background

- Utilization management, a set of practices used to control healthcare costs, can cause harmful care delays for people with cancer. Despite these risks, use of these practices is growing.
- Cancer*Care*, in collaboration with patient advocates and expert partners, developed a national survey to understand the real-world impacts of utilization management on people with cancer.
- Here, we highlight survey findings on prior authorization (PA), a common strategy that requires insurance approval before care is delivered to ensure reimbursement, and discusses advocacy implications.

Methods

- From Sept-Dec 2024, we surveyed 1,201 adults with cancer across the US.
- Survey questions were developed and tested in partnership with patient advocates and experts in oncology care (physician, nurse), health economics, policy, advocacy, and community oncology. Plain language was used rather than insurance terminology.
- Eligibility: age ≥26, Employer or Medicare insurance coverage, and received cancer treatment in the past year.
- Respondents answered questions about PA experiences for each cancer treatment received and provided information about their most recent PA.
- Descriptive and bivariate analyses were used to examine rates of PA and care delays, including differences across insurance types.

Key Socio-Demographics (*N*=1,201)

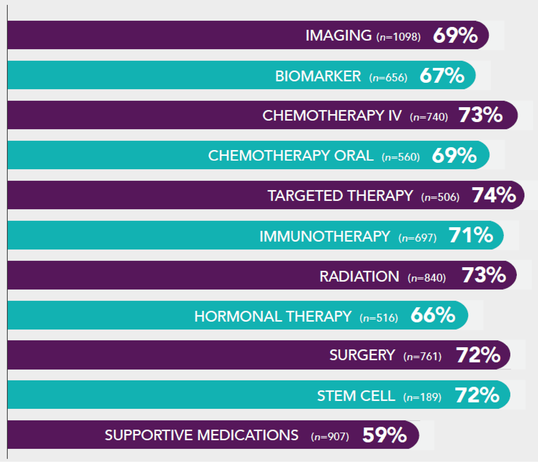
Insurance: **47%** Employer; **34%** Medicare Advantage; **19%** Traditional Medicare
Race: **73%** NH White; **12%** NH Black; **9%** Hispanic
Age: Mean = **56**, Range: **26-88**
Gender: **58%** Women
Top Treatments: **51%** Radiation; **48%** Immunotherapy; **45%** Chemotherapy IV
Top Diagnoses: **30%** Breast, **12%** Prostate, **12%** Hematologic
Cancer Status: **36%** Localized; **26%** Metastatic, **32%** Remission

Acknowledgements

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85% experienced PA at some point for their cancer treatment.

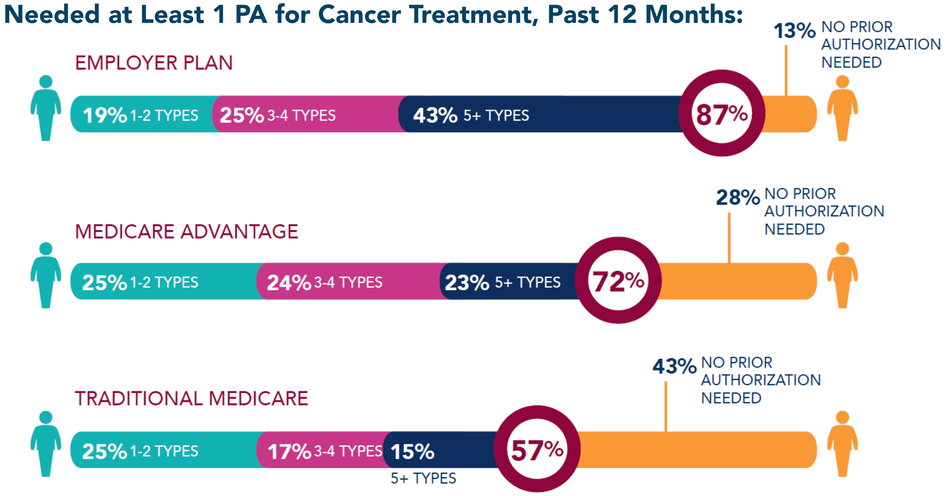
Lifetime Experience of PA, by Treatment Type:



Percentages calculated out of subsamples of participants who ever had each treatment type.

PA rates differed by insurance type; Most respondents faced multiple PAs in the past year.

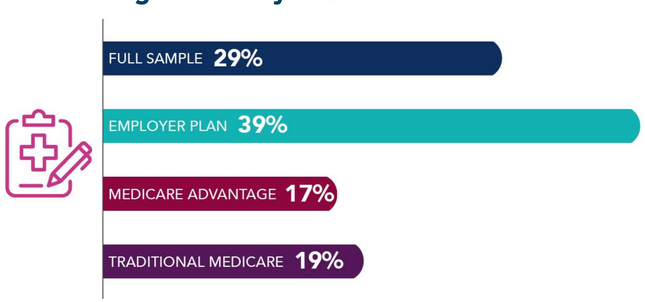
Needed at Least 1 PA for Cancer Treatment, Past 12 Months:



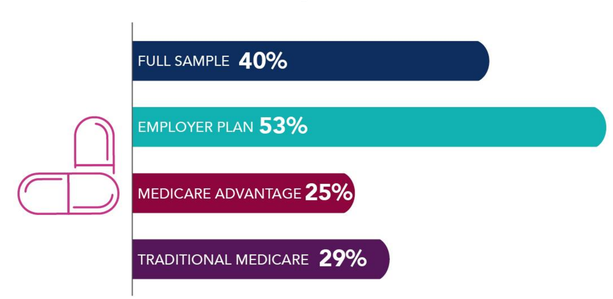
Percentages calculated out of *n*=529 Employer plan respondents, 408 Medicare Advantage, 224 Traditional Medicare; significant between-group differences (insurance type, *p*<.001).

95% facing PA had their most recent request approved: 89% on initial review, 6% after appeals. However, care delays were common, even when PA was eventually approved.

Cancer Diagnosis Delayed Due to PA



Cancer Treatment Delayed Due to PA



n=1020 full sample (525 Employer plan, 338 Medicare Advantage, 157 Traditional Medicare) who experienced prior authorization. Significant between-group differences (insurance type) for diagnosis delay (*p*<.001) and treatment delay (*p*<.001).

Delays were more common for Employer Plan respondents than those with Medicare plans.

Of those affected, over **1 in 5** said the delays lasted **3 weeks or more**.

Nearly 1 in 4 (24%) said they began treatment before insurance finalized their decision.

Conclusions and Implications

- PA is widespread in cancer and frequently leads to diagnostic and treatment delays, even when insurance approvals are ultimately granted.
- Administrative red tape and care delays may have serious implications for patients, including worse health outcomes, financial burden, and emotional stress.
- These findings point to actionable opportunities for clinicians, patients, and advocates to advocate for reforms to protect timely access to care.
- Additional findings and advocacy implications are available via Cancer*Care*'s Red Tape Report (www.cancercare.org/redtape).

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