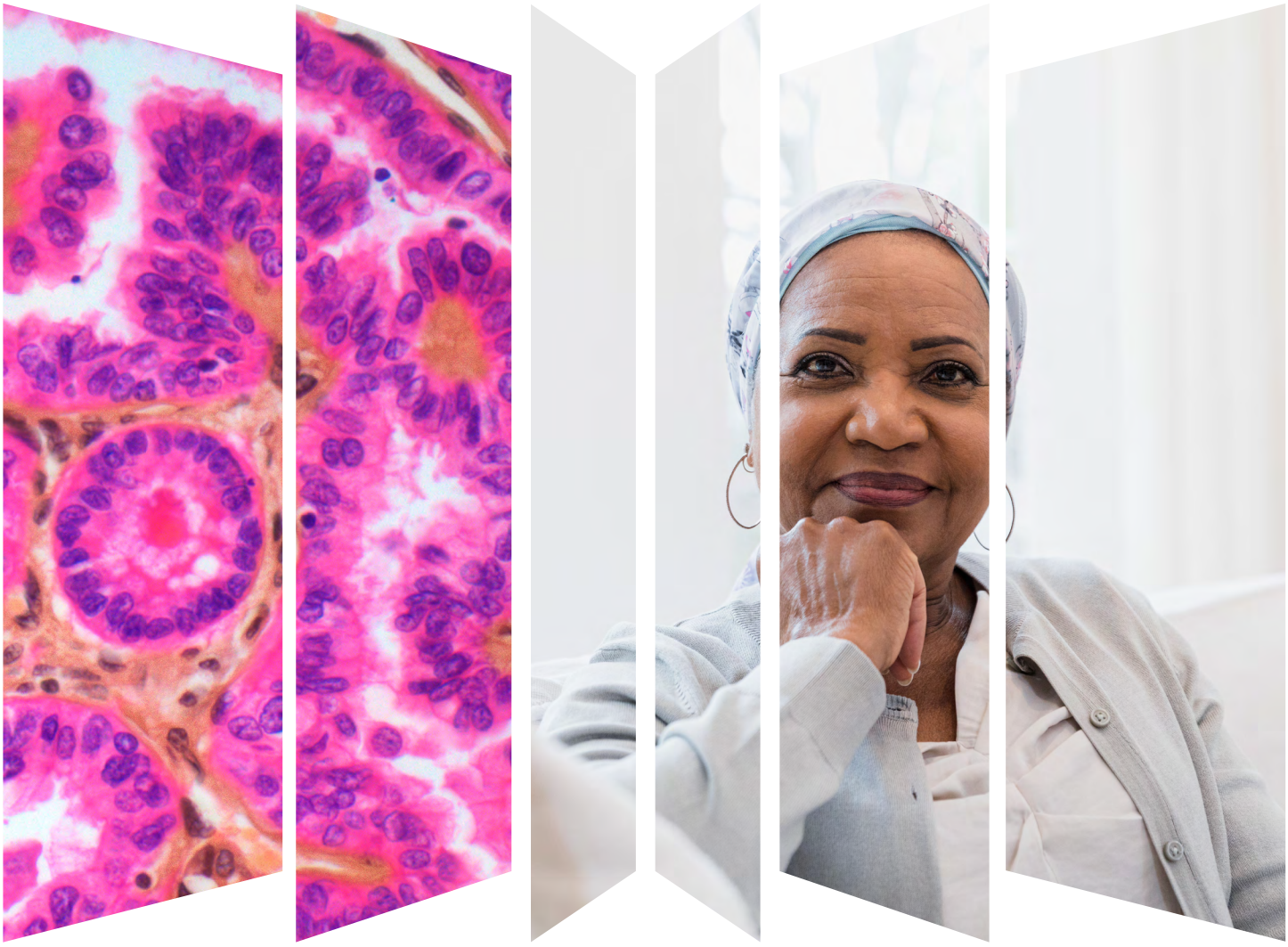
ClinicalPath

Reimagine prior authorization in oncology: How pathway-driven care can relieve stakeholder friction, burden, and denials

Insights from a roundtable discussion with leaders across provider organizations, payers, and oncology pathway experts.



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Prior authorization in oncology sits at the intersection of two imperatives: payers' responsibility to ensure appropriate, evidence-based, cost-responsible care, and providers' responsibility to deliver timely, high-quality treatment to patients. While prior authorization has a legitimate purpose, the current system is heavy with administrative burden — fragmented, slow, and often misaligned with real-world clinical practice. For each four-week treatment delay, mortality risk increased 6%–8% for surgery, 1%–28% for systemic therapy, and 1%–23% for radiotherapy, according to analyses.*

Recently, leaders from across the oncology ecosystem, including payers and providers, convened to explore solutions to the prior authorization challenges facing key stakeholders. The discussion underscored the need to streamline the prior authorization process and bridge operational gaps. Insights focused on practical actions that leverage evidence-based treatment pathways to drive meaningful change.

Leaders agreed that an optimal solution is not to eliminate prior authorization, but to **fundamentally redesign it.** The path forward centers on a simple idea: **clinical pathways can become the vehicle for automatic prior authorization.**

Today, most oncology prior authorization workflows still depend on manual data exchange. Participants agreed that to optimize this for future use cases, an evidence-based clinical pathways platform can serve as a foundational source of truth, guiding decision-making and determining what information is required for authorization. Using FHIR, the industry-standard healthcare data exchange framework, the pathway platform can then seamlessly transmit the right data between the EHR and the payer, supporting near instant approvals for low-complexity, high-concordance cases. This approach reduces administrative burden, shortens time to treatment, and preserves human review for approximately 10%–20% of cases that demand clinical nuance and clinician-to-clinician discussion.

> *"If they stuck to pathways that we could all agree on, then we could get this done almost in real time…so I think this would be a great step forward from our perspective as providers."*
>
> **Jon Richards, MD**
> **Advocate Health Care**

*Source: https://www.ons.org/publications-research/voice/news-views/02-2021/even-short-treatment-delays-affect-cancer-outcomes

The prior authorization problem in oncology

Across every institution represented in the roundtable, prior authorization was described as a persistent bottleneck that delays care, burdens clinical and administrative staff, and frustrates patients. Although prior authorization aims to ensure appropriate treatment utilization, the process is hampered by manual data entry, inconsistent documentation, and repeated back-and-forth between provider offices and payer personnel. **Nikolaos (Nick) Dallas, MD,** at Advocate Heath Care noted that, *"the needed data exist in the EHR but often aren't transmitted or aren't discrete — things as basic as 'stage 3A versus 3C' go missing."*

Clinician participants emphasized that **delays directly affect the patient experience**. As HonorHealth nursing supervisor **Nicole Coy** explained, *"The most difficult part for the nursing team is telling the patient we can't do this yet."* Nurses and frontline staff often bear the brunt of conveying these delays, even though the issues stem from misaligned systems rather than clinical decision-making.

For payers, the core challenge is the **lack of complete or accurate data** upon initial submission, not philosophical opposition to oncology treatments. From a provider perspective, **Thadeo Salido, MD, MBA,** at BlueCross BlueShield Nebraska, notes, *"Many denials occur not because the treatment is inappropriate, but because essential clinical details — prior therapy, biomarkers, staging, genetic testing results — are absent or ambiguous."* He cited research showing that more than half of all prior authorization denials trace back to incomplete information, not clinical disagreement.

Payers also face operational pressures. As **Andy Hertler, MD**, Chief Medical Officer at Evolent, explained, *"We have strict turnaround times. We don't have the option of batch processing; we need real-time data exchange so decisions can be adjudicated promptly. So, there's a lot of pressure to get those decisions out quickly."* Since most requests eventually get approved, the inefficiency lies not in medical judgment but in the mechanism for gathering and validating the information.

The result is a system that nearly all participants described as outdated, labor-intensive, and incompatible with the pace and complexity of today's oncology environment.

With the introduction of the CMS Interoperability and Prior Authorization Final Rule (CMS-0057), attention to creating more interoperable and transparent prior authorization processes is growing in the industry. Especially as implementation deadlines approach, there is now an urgency for key stakeholders to collaborate on solutions.

How clinical pathways improve care and the prior authorization process

Clinical pathways create a structured, evidence-based framework that guides oncologists through treatment decisions

using the latest scientific updates. Participants endorsed pathways as a mechanism for improving clinical consistency, reducing variation, supporting shared decision-making, and aligning treatment choices with both guidelines and patient values.

Yet pathways also carry a second, often underutilized benefit: they can generate the precise and discrete clinical data that payers require for authorization. Participants noted that not all pathway systems capture the same level of discrete and clinically relevant data, making the selection of a pathway system critical to supporting the prior authorization process. Data elements like staging, treatment intent, biomarkers, and line of therapy are often ones that payers struggle to obtain consistently.

A roundtable participant from Roswell Park Comprehensive Cancer Center observed that pathways *"guardrail us into getting those discrete data points to the payers,"* which is essential because clinical notes often omit the explicit reasoning behind why certain regimens were chosen over others. Pathways convert clinical logic into structured data, eliminating ambiguity.

In short, pathways not only help improve **care quality**; they also streamline **operational performance.** If applied consistently, this dual function makes pathways the natural blueprint for a more streamlined prior authorization process.

Optimizing prior authorization in oncology

Few technologies are available to capture the required information for rapid prior authorization approval at the moment the treatment decision is made. During the roundtable, participants highlighted key capabilities that would optimize the prior authorization process.

- First, the pathway must **integrate directly within EHR and clinical workflows**, allowing for automatic ingestion of data and additional inputs from oncologists. This enables providers to document clinical characteristics as part of routine treatment planning, rather than as an after-the-fact administrative task. This avoids the common failure mode where non-clinical staff attempt to interpret physician notes and answer payer portal questions without full context.
- The solution must then capture **clinically relevant information** — stage, biomarkers, intent, regimen — eliminating the dense, noise-filled documentation that burdens reviewers. As **Andy Hertler, MD**, emphasized, *"We don't want to wade through piles of clinical notes. We want the data we need to make a fair, accurate, fast decision."*
- Finally, **reporting and data analysis** are critical because they create transparency around prior authorization decisions, enable performance tracking, and support retrospective review to ensure consistency, efficiency, and clinical appropriateness. This reporting often helps to inform decision-making on gold-carding programs, which allow payers to waive or streamline prior authorization requirements for providers with a proven track record of appropriate, guideline-concordant care, and other payer initiatives.

As one provider leader explained, *"If our physicians can get a prior authorization within 24 hours because they've used the pathway, they will absolutely use it."* The incentive becomes self-reinforcing.

Future alignment in oncology care

Participants agreed that within the next several years, oncology prior authorization could shift from a reactive, manual process to a proactive, automated one — if the right alignment occurs.

> *"Automating these things, to me, is the most exciting part and probably will make the biggest impact for an institution."*
>
> **Nikolaos (Nick) Dallas, MD**

A central vision emerged: **on-pathway regimens, with complete structured data, should authorize automatically and instantly.** The evidence required to validate the treatment would already be embedded in the pathway logic; the payer would confirm the data input and return an authorization number. AI could support this process, but participants stressed it should be used only for approval acceleration — not for denials.

This shift also could unlock payer–provider partnerships. High-adherence practices could qualify for a "fast lane" — no peer-to-peers, no multi-step resubmissions, and immediate approvals even for certain guideline-concordant, off-pathway regimens. While payers could still audit retrospectively, the default would be trust reinforced by data, not administrative scrutiny.

Several participants raised the possibility of **bundled authorizations** — authorizing not only the antineoplastic drug but also the associated antiemetics, lab work, imaging, and cycles of therapy required in a regimen.

As **Bryan Loy, MD**, argued, *"We should be moving towards authorizing services that we recognize as quality care in the interest of the whole patient, for example, imaging to assess whether or not the therapy is working as part of the authorization request for the therapy."* This more holistic, episode-based approach aligns with value-based care and reduces avoidable procedural friction. While these models are aspirational, participants agreed they are realistic and achievable with coordinated investment from providers, payers, and vendors.

Evaluating success

Although organizations may measure performance differently, consensus was clear around the metrics that matter most. The first and most critical measure is the **time from treatment plan entry in the EHR to issuance of the authorization number.** As **Jon Richards, MD**, stated, *"This metric directly reflects whether the process is becoming more efficient and whether patients receive care without unnecessary delay."*

Metrics that matter:


Time from treatment plan to authorization number


Auto-approval rate


Peer-to-peer volume


Denial rate


Staff touchpoints


Time to treatment start

Participants also emphasized tracking auto-approval rates, peer-to-peer volume, overall denial rates, documentation completeness, and time-to-treatment. Lower administrative burden for nurses and staff is a key outcome as well, since they often absorb the emotional labor of communicating delays to patients.

Finally, total cost of care and care-journey alignment emerged as longer-term measures, particularly in the context of value-based contracts. **Thadeo Salido, MD, MBA,** suggested that oncology pathways and modernized prior authorization could help identify when patients should transition to palliative care earlier, or when site-of-care optimizations could reduce cost without compromising outcomes.

These metrics collectively define what success should look like: fewer delays, fewer denials, better documentation, better alignment, and better patient care.

The roundtable concluded with a shared belief that oncology prior authorization is ready to advance beyond incremental improvement into true transformation. The technology exists. Standards like FHIR and AI capabilities are maturing. Providers and payers are motivated. And clinical pathways already reflect high concordance across stakeholders. As **Andy Hertler, MD,** said, *"FHIR and AI have great potential to increase those instantaneous auto-authorizations, but caution has to be exhibited in terms of how we use it. And how we maintain it."*

Elsevier as your partner for progress

Elsevier stands ready to partner and collaborate with you by offering the proven data infrastructure, workflow integration, and clinical rigor required to implement pathways at scale. With Elsevier's ClinicalPath, evidence-based oncology pathways embedded in your workflow, you can advance your ability to standardize clinical justification, accelerate prior authorization, maintain guideline-concordant care, and understand your practice patterns at each level.

Let's explore how pathway-driven care can accelerate prior authorization and reduce treatment delays in your organization. **Request a conversation with the Elsevier ClinicalPath team.**