



NHC Priorities for Utilization Management

Utilization management (UM) protocols should be grounded in sound clinical decision-making. For example, some prior authorization protocols are intended to limit drug-to-drug interactions or to prevent overprescribing of potentially addictive medication. However, the development of prior authorization and other UM protocols is typically done without much or any patient input, and the rationale for such decisions is not always public or accessible to patients. The current application of utilization management can be associated with delays in patient care and the potential for medication adherence issues, potentially resulting in the need for higher cost, more intensive care. It has also been cited as a cause of provider burnout. We encourage a system that uses electronic utilization management to provide faster decisions, provides more transparency for patients and providers as to how decisions are made, and includes guardrails to reduce burden on patients and providers to ensure appropriate and equitable access to medications, devices, treatments, and services.

The NHC urges policymakers and stakeholders to consider the following recommendations to create more transparent and consistent utilization management by reducing the amount of time and resources providers and patients spend navigating the process and promote more timely patient access to needed therapies:

Domains	Values
Ensure Appropriateness and Transparency of UM Policies	<ul style="list-style-type: none"> • Ensure that utilization management protocols, including prior authorization and step therapy are aligned with clinical guidelines or other valid sources such as peer-reviewed clinical studies when updated guidelines are unavailable. • Promote continuity of care by minimizing step therapy for patients that are stable on their treatments. • Encourage plans to grant an appeal, authorization, or exceptions request when certain circumstances are met that are in the best interest of the patient and clinically appropriate. • Ensure protocol reviewers, including those who serve on pharmacy and therapeutics committees, have expertise in relevant clinical fields. • Provide information on UM practices, decisions, and appeals processes to patients and providers in clear direct language that will be usable by an average patient.
Increase the Timeliness of UM Decisions	<ul style="list-style-type: none"> • Adopt electronic prior authorization standards for clinicians and plans, and encourage provider adoption, to minimize burden and streamline the process. • Develop the electronic prior authorization infrastructure in a way that can support timelier execution of other forms of UM in the future. • Implement specific time-bounded standards to ensure that plans respond to utilization management appeals, prior authorization, step therapy, and other exception requests quickly.
Minimize Patient and Provider Burden	<ul style="list-style-type: none"> • Promote continuity of care by minimizing prior authorization and step-therapy protocol each time they change plans and/or providers. • Ensure that each level of appeal and reconsideration is a meaningful opportunity for the clinician and patient to show demonstrated benefit. • Develop UM protocols with input from people with chronic diseases and disabilities and clinical experts in relevant fields when appropriate and available.

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