Montefiore Einstein Comprehensive Cancer Center

2026 JULY 19–22 VANCOUVER, BC

JOINT AAPM | COMP MEETING

Multi-Stakeholder Perspectives on Prior Authorization Burden in Radiation Oncology

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ABSTRACT

Purpose: Prior authorization (PA) processes aim to promote utilization management and guideline adherence; however, national survey data from the American Society for Radiation Oncology (ASTRO) demonstrate negative impacts on radiation oncology practices, including treatment delays, administrative burden, deviations from guideline-concordant care, and clinician burnout1. Prior studies have largely reflected physician-reported experiences and may overlook how PA burden affects the broader radiation oncology care team.

Methods: We conducted 20 open-ended qualitative interviews with stakeholders involved in radiation oncology PA workflows, including radiation oncologists, medical physicists, radiation therapists, billing and revenue cycle staff, information technology and informatics leadership, departmental administrators, and external policy and industry-based experts. Interviews were conducted in person or via video conference and thematically analyzed to identify recurring PA-burden domains across stakeholder groups. Findings were interpreted in relation to published ASTRO PA survey results.

Results: Across 20 interviews representing 7 stakeholder groups, PA-burden emerged as a shared, systemic challenge. These findings confirm and strengthen challenges reported in the ASTRO survey, in which 91% of radiation oncologists reported PA-related treatment delays, 75% reported staff reallocation, 91% reported worsening burnout, and 58% reported deviations from national guidelines due to PA1.
Beyond physicians, documentation burden and medical necessity variability were identified by 6 of the 7 stakeholder groups. Workflow disruptions and Peer-to-Peer appeals, including repeated treatment planning and documentation revisions, were described by 6 groups. IT and data integration barriers were raised by 5 groups, while financial and procurement constraints were described by 4 groups.

Conclusion: Multi-stakeholder qualitative findings confirm and extend ASTRO survey results, demonstrating that PA-burden affects clinical care delivery, operations, and IT infrastructure. These descriptive findings support a multi-stakeholder consensus process to prioritize PA-burden domains and identify feasible mitigation strategies.

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INTRODUCTION

Prior authorization policies implemented by payers as a method for managing utilization of benefits create administrative burdens and treatment delays that impact patient outcomes and provider efficiency in oncology.

The **ASTRO 2024 nationwide survey** (n = 754 U.S.-based radiation oncologists) quantified these issues:

- 92% reported treatment delays,
- 82% were forced to use less optimal therapies,
- 30% reported adverse events and 7% reported deaths related to PA delays,
- 80% reallocated staff time and 64% hired additional staff to handle authorization processes.

However, while the ASTRO survey demonstrated the scope of the problem, it did not identify which dimensions of PA burden are most critical or what interventions would be most impactful.
The Delphi method allows for **systematic, structured consensus-building** among experts and stakeholders to determine which domains of PA burden warrant the greatest attention and how to address them through clinical, operational, or policy-level changes.

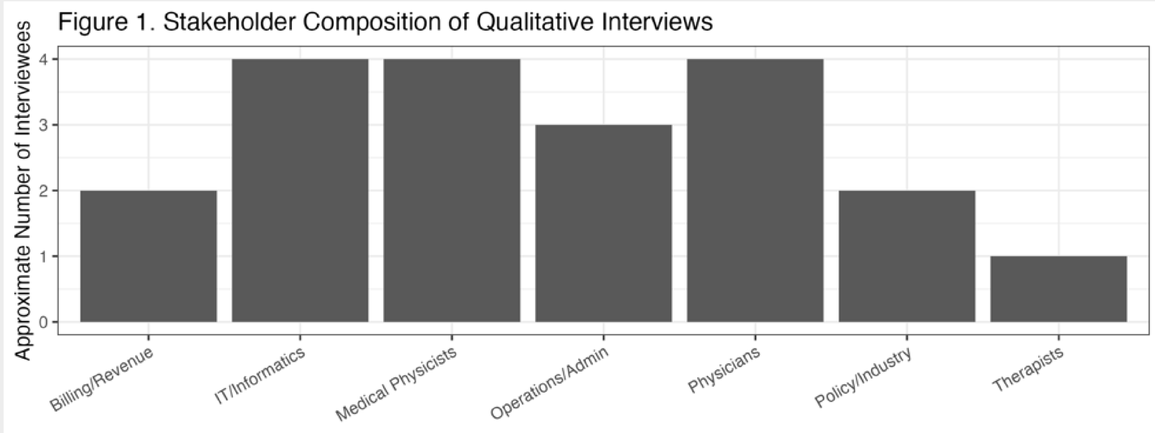
OVERVIEW AND PURPOSE

This study plan outlines the inclusion criteria, methodology, analysis plan, and data management procedures for the Delphi consensus study that seeks to identify and prioritize key domains of prior authorization (PA) burden in oncology and propose evidence-informed mitigation strategies.
The protocol serves as the blueprint for the study, ensuring methodological transparency, reproducibility, and alignment between study objectives, survey design, and statistical interpretation.

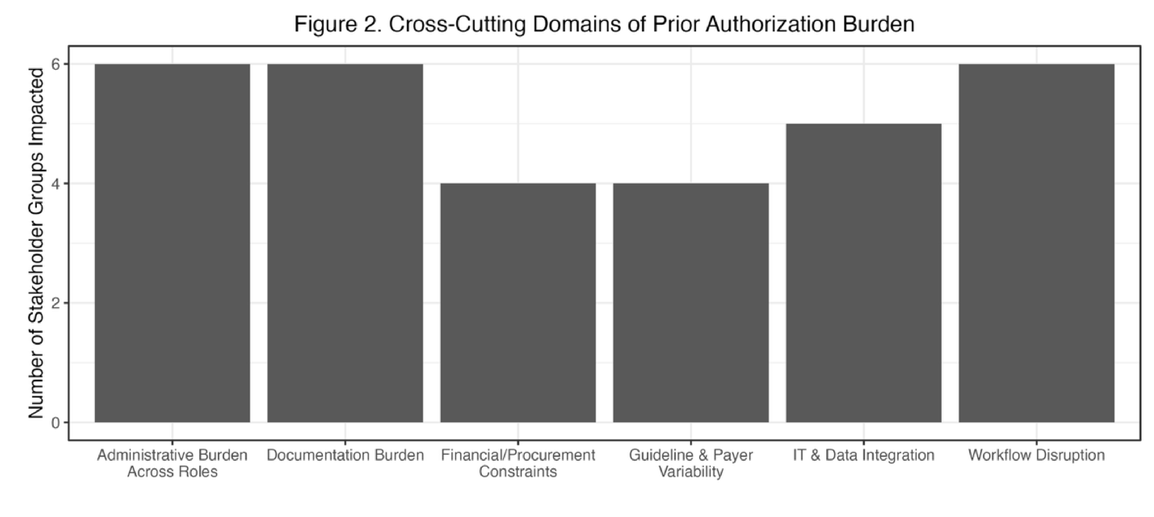
METHODS

We conducted 20 open-ended qualitative interviews with stakeholders involved in radiation oncology PA workflows, radiation oncologists, medical physicists, radiation therapists, billing and revenue cycle staff, information technology and informatics leadership, departmental administrators, and external policy and industry-based experts. Interviews were conducted in person or via video conference and thematically analyzed to identify recurring PA-burden domains across stakeholder groups. Findings were interpreted in relation to published ASTRO PA survey results.

RESULTS



Twenty interviews were conducted across seven stakeholder groups involved in radiation oncology prior authorization workflows (Figure 1). Documentation burden, workflow disruption, and administrative burden were the most frequently identified challenges, affecting multiple stakeholder groups.



IT and data integration barriers were also commonly reported, highlighting the multidisciplinary impact of prior authorization processes (Figure 2)

Table. Common Prior Authorization by Stakeholder Group (Descriptive)

Issue Domain	Physicians	Physicists	Therapists	Billing / Revenue	IT / Informatics	Operations / Admin
Documentation burden / medical necessity	✓	✓		✓		✓
Workflow disruption / rework after denials	✓	✓	✓	✓		✓
IT & data integration barriers		✓			✓	✓
Financial / procurement constraints				✓	✓	✓
Guideline discordance / payer variability	✓	✓				
Administrative burden across roles	✓	✓	✓	✓	✓	✓

- Checkmarks indicate themes raised by at least one interviewee within each stakeholder group. No statistical testing was performed.
- Numeric summaries in the abstract and table are descriptive only (counts of stakeholder groups) and are intended to contextualize qualitative themes and inform the rationale for a subsequent Delphi study.

CONCLUSIONS

- Multi-stakeholder qualitative findings confirm and extend national ASTRO survey results, demonstrating that PA burden in radiation oncology is multi-dimensional and affects clinical care, operations, and IT infrastructure.
- These descriptive findings inform the rationale for a structured Delphi consensus process to prioritize key PA burden domains and identify feasible mitigation strategies.

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