Reviewer’s report

Title: Practice characteristics and prior authorization costs: Secondary analysis of data collected in 9 Central New York primary care practices

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Reviewer: Michael A Fischer

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Overall comments: This manuscript evaluates some of the ancillary costs imposed by insurance prior authorization requirements. This is an important insight, shedding light on the time costs of administrative tasks is relevant for clinicians and for those who design the administrative policies. My main concern about this analysis regards limitations of the data collected, which should require the authors to be more circumspect in their conclusions. I do not think that once can validly draw conclusions about the overall time and cost impact of PA at a practice level from this study. Rather it can be used as a case study of one way to collect information, and can also examine difference across PA events using the PA event itself as the level of analysis.

Specific comments:

Abstract:
Authors should state in the abstract that they are evaluating PA for more than just medications, some readers think of PA as only a meds issue.

Methods:

1st paragraph: I am struck by the additional work required by practices to complete the EF. This raises concerns of both selection bias, in terms of which practices and providers would choose to participate and complete the forms, and data completeness, since busy days would likely lead to people skipping the EF’s to get on with their work.

2nd paragraph: I am not certain about the relationship between cards, PA events, and requests. The authors should be clearer in their terminology. My impression from the preceding paragraph is that one card represents on person’s work on a PA, and if multiple people worked on it then there would be multiple cards. In the middle of this paragraph the language shifts to “cost per event” which seems to imply that cards were combined to one PA event, though that is not clear from the text.

Results:

1st paragraph: My biggest concern is the capture of PA. I am not sure I buy the self-estimates of >90%, as noted in the following comment.

2nd paragraph: 442 cards across 9 practices is an average of about 50
PA/practice, study time was 4-6 weeks, so if we say 5 weeks that is 10 PA/week for a practice. That seems about consistent with Table 2. That strikes me as implausibly low, and even that number is almost certainly an overestimate since 442 cards presumably captures a smaller number of PA events (in methods section the authors note that if more than one person worked on a PA then each would fill out a card). So I am very concerned about the completeness of the data.

2nd paragraph: It would also be helpful for the authors to present the actual number of PA’s. See also second methods comment above.

2nd paragraph: Would like to see more detailed description of what is shown in the tables. In particular table 4 is striking, it appears that across 9 practices in 4-6 weeks there were 34 occasions on which a physician worked on PA, or less than 1 PA requiring physician input per practice per week. As a practicing primary care doctor that does not seem believable.

3rd paragraph: These are the results that I find more credible. As per the other comments, analyses with the PA event as the unit of analysis may provide some helpful insights. The authors should focus more on these results, even though that makes the general policy implications more limited.

Discussion:

1st and 2nd paragraphs: I simply don’t think the authors can make these assertions. The concerns about data completeness are too large.

4th paragraph: The authors appropriately raise concerns about data capture here. But I do not think that the modeling techniques correct for this limitation. The modeling may offer some insight into selected elements of the differences between practices in time per PA event, so for example the points about Medicaid and EHRs may be reasonable. But in terms of drawing conclusions about overall time at a practice level spent on PA, the data limitations become the dominant issue.

Final 2 paragraphs and conclusion: I am apprehensive about the conclusions reached due to the concerns outlined above. While the authors suggest that this result may provide a lower bookend, I would disagree. I think that a study like this, if published, allows for the argument that the earlier cited literature vastly overestimates the costs imposed by PA and that in fact the administrative burden of insurance requirements is relatively modest. Most practicing primary care doctors would disagree. It may be that we are all overestimating how much time PA and other insurance requirements take from us and our staff, and we should be open to research that examines the question, but the data limitations of this study prevent it from providing that answer.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable
**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.