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Reducing prior authorization burdens

How automated solutions can address pain points

Converge™
by Deloitte

Current challenges with prior authorizations

Prior authorizations (PA) are designed to ensure that health plans and care providers are aligned on the appropriate utilization of health care services. While they can play an important role in managing costs and ensuring adherence to clinical best practices, they also present significant challenges for both the providers sending the requests and the health plans processing the information.

Health care providers continually cite PAs as one of their top administrative burdens. On average, practices complete 45 PAs per week per physician, according to the American Medical Association (AMA), with 88% of physicians describing the burdens as "high" or "extremely high." More than a third (35%) have staff members exclusively dedicated to processing PAs, with the average practice spending more than 14 hours per week on the task.[2]

And the issue goes beyond time and costs on the administrative side of the office. Excessive PAs are also correlated with patient care delays, bringing frustration to providers— and potential harm to patients.

In 2024, 93% of physicians participating in a December 2024 AMA survey said that PAs have led to care delays, while 82% reported that the requirements can at least sometimes lead to patients abandoning a recommended course of treatment due to the administrative hurdles involved. More than a quarter (29%) stated that PA requirements have led to a serious adverse event for their patients.[3]

How do we solve the PA problem?

With the health care workforce shrinking at the same time as an aging, increasingly complex population demands more timely and accessible care, the PA problem needs to be addressed. Health care organizations need faster, more efficient and more effective modern technology strategies for managing the PA process, including tools that can quickly determine individual health plan requirements and automate the process of creating PA submissions that meet those criteria.

The right digital tools, built on robust and reliable cloud-based architecture, can help providers reduce denials based on incomplete or inaccurate data and dramatically speed up the process of getting approvals to deliver appropriate care to patients in a timely, evidence-based manner.

Addressing PA pain points with innovative digital capabilities

To assist health care providers with these goals, Converge™ by Deloitte developed the Prior Authorization Provider application, a cloud-based software-as-a-service (SaaS) solution that leverages a GenAI-powered engine to optimize payor requirements and reduce payor response times, ultimately mitigating downstream denials.

By targeting known bottlenecks in the process, our Prior Authorization Provider application reduces time and effort around PAs in several notable ways:

Real-time requirements
Enables real-time identification of PA necessity and medical documentation requirements for specific services based on payor-specific determination rules. Leverages flexible trigger selection to ensure that providers can initiate the process quickly whenever needed.

Automated workflows
Automates workflows and monitors likely outcomes through an intuitive questionnaire and documentation user interface to guide staff through the completion of the form and uploading of relevant documents.

Early error identification
Focuses on error prevention and early identification of errors or likely denials, enabling providers to address issues upfront, increase successful claim submissions and reduce denials.

Streamlined process
Provides a streamlined submission process through a single portal within seconds by auto-populating electronic medical record (EMR) data, pre-filling prior authorization forms and automating submission to payor/clearinghouse.

Comprehensive dashboard
Offers a dashboard view of all submitted PAs for centralized administrative tracking and decision-making.

With real-time prior authorization determination, auto-population of forms and questionnaires, in-application tracking and validation to optimize case outcomes, and robust administrative tools to synchronize payor requirements in a centralized rules engine, our solution equips provider organizations with all the tools they need to get ahead—and stay ahead—of the large number of PAs required to secure approval for services.

Architecting the next-generation PA workflow

Health care providers—and their patients—cannot afford to keep relying on the status quo, especially as more than half (56%) of physicians noted that the volume of PAs has increased over the past five years, and 89% identified PAs as a significant factor in burnout.[4]

And with more than four in five physicians (88%) reporting that PAs lead to higher overall utilization of health care resources and unnecessary waste instead of cost savings, it's time to take a new approach with the help of leading-edge digital capabilities.

Converge by Deloitte's Prior Authorization Provider application is the fast, reliable and intelligent cloud-based solution to the PA problem. With a suite of efficient and user-friendly features to identify payor requirements, address those requirements, and process PAs with a streamlined submissions method, providers can free up their limited time and resources to focus on other high-priority administrative tasks.

Reach out to learn how Converge by Deloitte's Prior Authorization Provider application can help your health care organization reduce the burdens of PAs.

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Endnotes

1. Tanya Albert Henry, "Fixing prior auth: 40-plus prior authorizations a week is way too many," American Medical Association, April 29, 2024.

2. Tanya Albert Henry, "Fixing prior authorizations."

3. American Medical Association, "2024 AMA prior authorization physician survey," 2025, accessed March 14, 2025.

4. American Medical Association, "2024 AMA prior authorization physician survey."

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