Letter to the Editor

To the Editor:

This is in response to the editorial "The Burden of Prior Authorization"[1] by Andrew Nierenberg, MD, in the June 2019 issue of *Psychiatric Annals*.

Dr. Nierenberg writes that it is paradoxical that pharmacy benefit managers have no published randomized data on the efficacy of prior authorizations, and no liability for poor outcomes. In fact, far from liability for poor outcomes, insurers are rewarded for poor outcomes. If a patient dies then the insurance company profits, as it no longer pays for any treatment—this is just the way it is.

The term "prior authorization" actually refers to denial of payment by the insurance company prior to its knowing anything about the case. So long as we collude with insurers by using this misleading term, there is little hope anything will change.

Nowadays, physicians too often don't work for their patients, but instead work for the insurers who pay them. How is it ethical for physicians to be paid by the same insurers who benefit from the patient's death? He who pays the piper calls the tune.

No one will fund a study to determine how many patients die as a result of prior authorization. No one will fund a study to determine how much prior authorizations actually drive up the cost of health care, if one were to include all the time spent on the phone, filling out forms, and hiring "prior authorization staff" to deal with the burden. Dr. Nierenberg says that insurance companies should fund comparative effectiveness studies. I fear such studies have already been done, and the measured outcome is in the number of dollars made by insurers.

REFERENCE

1. Nierenberg A. The burden of prior authorization. *Psychiatr Ann*. 2019;49(6):243. https://doi.org/10.3928/00485713-20190507-01

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