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President's Column: Insurance Delays Don't Help Doctors

By Kyle O'Brien, WHA President and CEO


Kyle O'Brien

After putting our kids to bed one night, I came downstairs to check my email and read a message from one of our staff members.

"I wanted to make sure you saw this," he wrote.

What I opened was a transcript of an interview with a Wisconsin insurance company executive during an industry panel on prior authorization—a process that requires insurance companies to review and approve medical care that is ordered by a provider before the care can be delivered.

This insurance executive said that prior authorization is important because it holds providers accountable to the "pace of change" in a provider's specialty. He said that insurance companies have a role to play by challenging providers when they are "not following [their] own specialty's clinical best practices" due to the limited time they have in a workweek.

"There's a role to play for health plans today, more than ever, because doctors are trying the best that they can, *but they can't keep up*," he said.

I nearly fell out of my chair.

In my 13 years at the Wisconsin Hospital Association, I've never had a physician ever tell me they were grateful an insurer's prior authorization process steered the provider towards a better clinical approach.

They certainly have never said that the prior authorization process helped them "keep up."

In fact, it's always been the opposite.

Prior authorization creates well-documented delays in treatment and is one of the most frustrating administrative tasks that leads to provider burnout. The American Medical Association (AMA) says that 9 in 10 physicians report that prior authorization "somewhat or significantly" increases physician burnout. Ninety-three percent of physicians said that the process delays care and 82% of physicians report that prior authorization leads to treatment abandonment.

This is why the Healthy Wisconsin Alliance, a 501(c)(4) affiliate of the Wisconsin Hospital Association, has launched the *Stuck in the Middle* campaign-to educate the public, businesses and policymakers about the negative impacts of insurance company tactics that unnecessarily delay and deny care at hospitals and get between providers and their patients.

The assertion that prior authorization is somehow a benefit to treating providers is severely out-of-touch. According to the AMA, physicians and their staff spend nearly two full days a week completing prior authorization requests for insurance companies—time that should, instead, be spent with patients.

The same survey found that only 16% of physicians stated that their peer-to-peer insurance reviews are often or always done by people with appropriate qualifications. And when providers have advocated for legislation requiring board-certified specialists to review prior authorization requests, insurance companies across the country have fought against it.

Patients in Wisconsin trust their hospital to do what's in their best interest far more than their insurance company. Polling conducted by the Healthy Wisconsin Alliance in April 2025 found that 67% of Wisconsin voters believe hospitals are more likely to act in their patients' best interest when compared to insurance companies. Only 6% of voters believed that insurance companies were more likely to act in the patient's best interest.

Yet, according to this Wisconsin insurance executive, the solution to get more time in a physician's workday is…more prior authorization.

As the old Irish proverb goes, "Put silk on a goat and it is still a goat."

Prior authorization needs to be reined in.

This column ran in the Wisconsin State Journal on Nov. 3, 2025. View the article here.

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