Leveraging Smartdata Elements For Documentation & Reporting of Medication Prior Authorizations

Gary Owen, PharmD, MPH
Population Health Pharmacy Services

VANDERBILT UNIVERSITY MEDICAL CENTER

Smartdata elements enabled efficient documentation and enhanced reporting for managing medication prior authorizations

BACKGROUND:

- Prior authorizations (PAs) are a burden to patients, providers, and pharmacies
- Initial pilot demonstrated success of pharmacy technician-facilitated PA process in primary care
- Time-consuming documentation outside of the electronic health record was eliminated to enhance productivity but left reporting gaps
- Desire for more detailed and precise reporting drove investigation of SmartData element (SDE) capabilities

DESIGN PROCESS

- Reporting capabilities were explored through conversations with national pharmacy peers
- SDE-based methodology was successfully implemented at a peer site
- Key variables and metrics were decided collaboratively with frontline staff based on workflow (Figure 2) and previous pilot experience
- >150 records built and tested by a physician builder in collaboration with analysts
- Big bang implementation July 1, 2025

Figure 1: SmartTool Descriptions

SmartTexts

Scripted text for documenting PA progress, including not submitted, submitted, decision, etc.

SmartLists

Selection of variables via custom lists, including source, method, decision, etc.

SmartData Elements

Storing discrete values from SmartLists, including dates, medication name, and decision

Figure 2: General PA Workflow

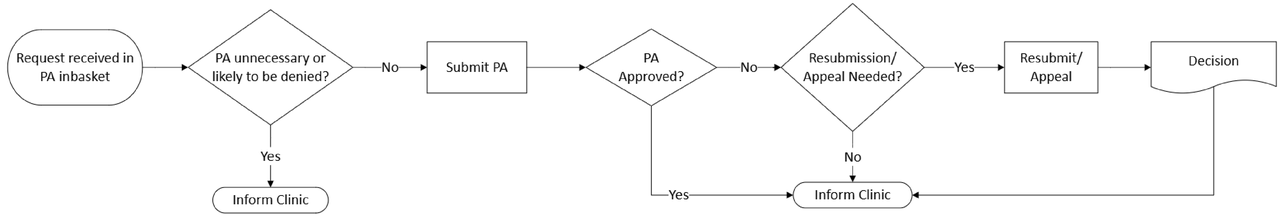
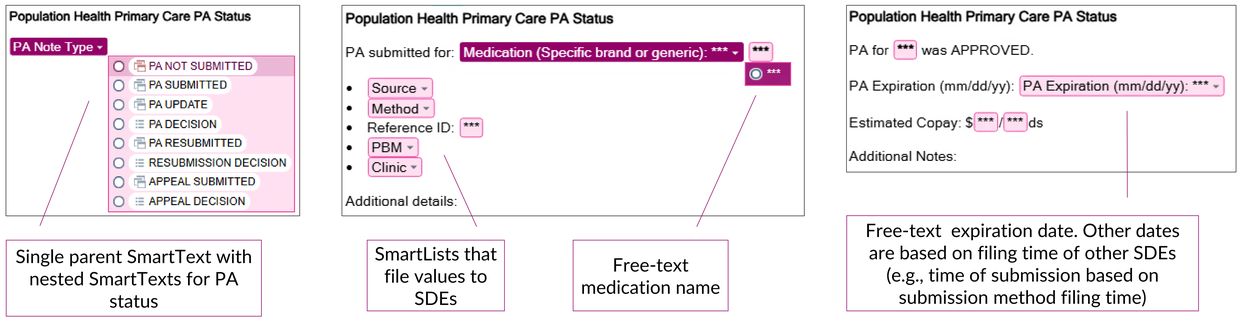


Figure 3: Smart Tools for Standardized Documentation



Single parent SmartText with nested SmartTexts for PA status

SmartLists that file values to SDEs

Free-text medication name

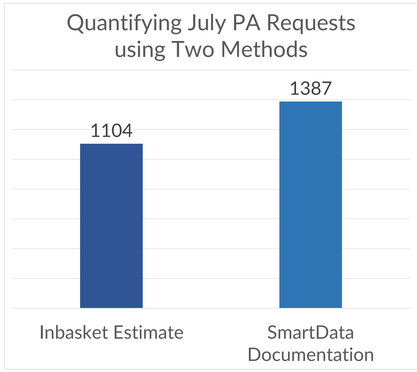
Free-text expiration date. Other dates are based on filing time of other SDEs (e.g., time of submission based on submission method filing time)

Figure 4: Example Workbench Reporting

Last Update	Patient	Medication	Received Date	Reason Not Submitted	Date Not Submitted	Method	Submission Date	Decision	PA Decision Date	Days to Decision	Date Expired	Denial Category	PBM	Source
9/3/2025 1:06 PM		Azelastine/Fluticasone	9/3/2025 1:06 PM	non-formulary/exc…	9/3/2025 1:06 PM								Express Scripts	EPA
9/3/2025 5:50 PM		Gabapentin	9/3/2025 1:11 PM			EPA	9/3/2025 1:11 PM	approved	9/3/2025 5:50 PM	0	09/01/26		CVS Caremark	EPA
9/3/2025 1:38 PM		Wegovy	9/3/2025 1:38 PM			CMM	9/3/2025 1:38 PM						CVS Caremark	EPA

FINDINGS

- Significantly higher (25%) volume of PAs processed compared to previous estimates
- 50% of medications were incretin mimetics (e.g., semaglutide, tirzepatide)
- 80% of requests associated with 3 PBMs
- 40% of requests are auto-generated via ePA
- 40% of requests are not submitted initially
- 70% of submissions approved
- Average time to decision was 1 day



BENEFITS

- Enhanced reporting without additional staff burden due to standardized documentation
- Opportunity for investigating trends and anomalies
- High proportion of requests “not submitted” prompted early changes to workflow and enhanced communication with clinics

LIMITATIONS

- Variation in free-text entries
- Maintenance of custom lists
- Reliance on selecting appropriate SmartTexts
- Limit of 1 PA/medication per encounter

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