

Navigating the Barriers: Nursing Perspectives on Utilization Management and Patient Care

Nurses play a critical role in helping patients navigate healthcare systems, coordinate care, and access prescribed treatments. For patients managing chronic and complex health conditions, timely access to medications is often essential to maintaining health and preventing disease progression.



Utilization management (UM) policies, including prior authorization, step therapy, formulary restrictions, and appeals processes, are intended to manage healthcare utilization and costs. However, findings from nurses surveyed highlight the real-world impact of coverage requirements on patients, caregivers, and the healthcare professionals working to help them navigate the system.



90% report stress or frustration navigating UM restrictions.



63% say UM restrictions often or sometimes limit access to preferred treatments.



80%+ are not consistently aware of UM requirements at the point of prescribing.



68% spend at least one hour on a prior authorization or appeal.

How Utilization Management Affects Patient Care

Administrative Burden on Nursing Teams: Respondents reported spending significant time navigating prior authorizations and appeals on behalf of patients. Nearly three-quarters of respondents reported spending at least one hour working through a prior authorization request or appeal, with many reporting two or more hours devoted to a single case.

Coverage Restrictions Limit Access to Preferred Treatments: Utilization management requirements and formulary exclusions frequently affect treatment access. Nearly two-thirds (63%) of respondents reported that UM restrictions or formulary exclusions often or sometimes limit their ability to obtain the preferred medication for their patients.

Limited Visibility Into Coverage Requirements: Respondents reported difficulty understanding coverage requirements at the point of care. More than 80% indicated they do not consistently know whether a medication is subject to a prior authorization, step therapy requirement, or formulary exclusion when treatment decisions are being made.

Stress and Frustration Across the Care Team: Repeated denials, delays, and coverage restrictions contribute to workforce strain. Nine in ten respondents (90%) reported experiencing stress or frustration at least sometimes when utilization management requirements limited clinical decision-making.

Why This Matters

Nurses often serve as the primary point of contact helping patients and caregivers navigate healthcare systems. When treatments are delayed or denied:

- Patients may experience interruptions in care.
- Caregivers face additional challenges navigating coverage requirements.
- Clinical teams spend valuable time on administrative tasks instead of direct patient care.
- Patients managing multiple chronic conditions may face greater difficulty maintaining treatment continuity.

About This Collaboration: The National Association of Hispanic Nurses (NAHN) and the National Black Nurses Association (NBNA) collaborated to better understand how utilization management policies affect nurses, care teams, and the patients they serve. By gathering perspectives from their members, NAHN and NBNA sought to identify common challenges, assess the impact on patient access and care coordination, and inform conversations about how coverage processes can better support timely, equitable care.