DARWIN H/I

A Clinical Leader's Design Checklist

FOR PRIOR AUTHORIZATION

Five questions to assess whether your PA process is reducing friction—or simply digitizing it.

How to use this checklist

Choose the response that best reflects your current PA process. Then add your points to see where your organization stands today.

- 2 Yes = 2 points
- 1 Sometimes = 1 point
- 0 Not yet = 0 points

01 DISTINGUISH

Can your process distinguish the routine from the complex?

Are lower-complexity cases moving efficiently while clinical attention is focused where judgment genuinely matters?

- ◯ Yes +2
- ◯ Sometimes +1
- ◯ Not yet 0

LOOK FOR

Queues that treat every case the same, repetitive review, and manual work.

02 EXPLAIN

Can every decision be explained?

Can clinicians, plans, regulators, and members understand what happened—and why?

- ◯ Yes +2
- ◯ Sometimes +1
- ◯ Not yet 0

LOOK FOR

Opaque outcomes, unclear rationale, or decisions that can't be easily traced.

03 SIMPLIFY

Is technology reducing administrative work—or just moving it around?

Digitizing a workflow does not automatically improve it.

- ◯ Yes +2
- ◯ Sometimes +1
- ◯ Not yet 0

LOOK FOR

Duplicate entry, portal switching, manual document gathering, and digital workflows that reproduce old friction.

04 AUGMENT

Does technology augment clinical judgment?

Does it bring better information to the clinician faster while keeping people at the center of consequential decisions?

- ◯ Yes +2
- ◯ Sometimes +1
- ◯ Not yet 0

LOOK FOR

Automation without context, recommendations without rationale, and unnecessary human review versus meaningful oversight.

05 IMPROVE

Does the experience ultimately work better for the patient?

Does the process reduce unnecessary friction between prescription and therapy?

- ◯ Yes +2
- ◯ Sometimes +1
- ◯ Not yet 0

LOOK FOR

Delays, repeated outreach, confusion, abandonment, and unnecessary steps before therapy.

What does your PA experience tell you?

YOUR SCORE ___ /10

0-3 | 4-7 | 8-10

FRICTION-HEAVY

Your process may be digital, but administrative complexity is still carrying too much of the load.

Focus next on: where routine work, unclear decisions, and manual steps are creating unnecessary friction.

IN TRANSITION

Parts of the experience are working more intelligently, but opportunities remain to improve consistency, transparency, and how clinical judgment is used.

Focus next on: finding the gaps between what is working well and where friction still persists.

DESIGNED FOR INTELLIGENCE

Your process shows strong signs of an intelligence-first approach: distinguishing complexity, making decisions more explainable, reducing unnecessary work, and preserving clinical judgment where it matters.

Keep asking: where can the experience become even clearer, simpler, and more human?

★ **The goal isn't less clinical rigor. It's more intentional clinical rigor.**

See how Darwin PAth and Charlie bring this approach to life. →

ABARCA

This checklist is intended as a directional self-assessment to support discussion and process evaluation. It is not a clinical, regulatory, or performance benchmark.