

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C5-12-12
Baltimore, Maryland 21244-1850



Center for Medicare

FEB 21 2020

Ms. Ela Cameron
American Medical Association
25 Massachusetts Avenue, NW
Suite 600
Washington, DC 20001

Dear Ms. Cameron:

Thank you for your letter regarding prior authorization (PA) and the role of technology in PA. I appreciate your support for the Centers for Medicare & Medicaid Services' (CMS) Patients over Paperwork initiative and your support of CMS's efforts to reduce administrative burden related to PA.

In your letter, you expressed concern about the possibility of unintended consequences related to the automation of PA processes and highlighted that there are many issues that automation – particularly Da Vinci solutions – cannot solely address. CMS, together with the Office of the National Coordinator for Health Information Technology, has conducted listening sessions on PA and identified various opportunities for improvement, beyond the work of the Da Vinci project, that were outlined in a draft report last year¹. While the strategies in the report are also focused on technical tools that can support PA improvements, we are examining other opportunities as well. The feedback we received from patients, clinicians, and other stakeholders through our 2019 Patients over Paperwork Request for Information (RFI) and numerous PA listening sessions held across the country included some of the other issues you mentioned in your letter and more.

Your letter also raised concerns around the level of access that payers would have to electronic health records (EHR) and medical information. We agree that supporting the security of providers' EHR systems is critically important. Any technology solutions under consideration would have to ensure the integrity of these systems and that electronic data transfers only permit access to certain defined data elements. Any future efforts CMS might make to encourage electronic information exchange between payers, and between payers and providers, would be approached through a careful and deliberative process.

Finally, your letter noted that some of the Da Vinci solutions have not been widely implemented and therefore represent unknown costs and timeframes. CMS, along with a growing number of

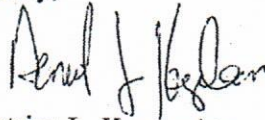
¹ <https://www.healthit.gov/topic/usability-and-provider-burden/strategy-reducing-burden-relating-use-health-it-and-ehrs>

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industry partners, have been working to implement pilot tests of the Da Vinci standards, giving us valuable information to better understand the cost and timeline for implementing these solutions. CMS has also been working with a health care standards development organization, Health Level Seven International (HL7), and industry partners broadly to ensure that the necessary implementation guidance and reference implementations would be available to support any technology solutions we pursue. CMS understands that there are uncertainties associated with any emerging technology in health care and are therefore working to ensure that payers and providers have the guidance they need to implement these solutions efficiently and effectively. We will continue to seek feedback through open and transparent mechanisms to provide ample opportunity for such concerns to be fully weighed and considered in the policymaking process.

Thank you again for your letter. CMS considers discussion and dialogue with stakeholders an important part of policymaking, and we appreciate you sharing your perspective with us. It is always the priority of CMS to ensure that patients' needs come first. We continue to work to improve the patient experience and reduce provider burden across our policies and greatly value input to ensure that we are taking into consideration a broad range of perspectives.

Sincerely,



Demetrios L. Kouzoukas
Principal Deputy Administrator and
Director, Center for Medicare

September 20, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Verma:

The undersigned physician organizations support the Centers for Medicare & Medicaid Services' (CMS) Patients Over Paperwork initiative and applaud CMS for tackling the challenging issue of prior authorization (PA) as part of your efforts to reduce administrative burdens in health care. Physician practices report completing an average of 31 PAs per physician per week. This workload consumes 14.9 hours (nearly 2 business days) each week of physician and staff time and reflects time that would be better spent with patients. More importantly, PA is negatively impacting patient care. Over one-quarter (28%) of physicians report that PA has led to a serious adverse event (e.g., disability, hospitalization, death) for a patient in their care.

We do, however, have strong concerns that CMS may be focusing on automation as the only vehicle for implementing PA reforms. We are aware that CMS has invested heavily in the Da Vinci Project, which leverages technology to facilitate electronic exchange of clinical data by extracting information from physicians' electronic health records (EHRs). While Da Vinci holds promise, there are a series of issues with exclusively relying on technology to address the burdens of PA. For example, solely concentrating on process automation may set the stage for increased PA volume because document exchange will be easier and faster. Patient care delays will continue, as manual review of medical documentation is often required following the instantaneous electronic exchange of data. Furthermore, Da Vinci will allow payers unprecedented access to EHRs. Protections are needed to prevent plans from inappropriately accessing patient information, coercing physicians into using technology (e.g., through contracts), or interfering with medical decision making. Lastly, Da Vinci represents nascent technologies that have yet to be widely implemented. Therefore, the costs and the timeframe availability across EHR vendors remain unclear. Of considerable concern, Da Vinci likely will not offer relief from PA for small practices in the near future.

Automation is important, but it reflects only one of five major reforms we believe are needed to address the significant problems caused by PA. While we understand there may be a role for PA, we believe it must be right-sized and used judiciously. We strongly urge CMS to implement a comprehensive strategy to reduce the harms and burdens of PA by facilitating payer adoption of the following principles:

- Selective application of PA to only “outliers”;
- Review/adjustment of PA lists to remove services/drugs that represent low-value PA;
- Transparency of PA requirements and their clinical basis to patients and physicians;
- Protections of patient continuity of care; and
- Automation to improve PA and process efficiency.

We would welcome the opportunity to work with CMS to identify ways technology can help advance all of these reform goals. Under your guidance, CMS could be the leader that is critically needed to address the problematic issue for patients and physicians of PA.

Sincerely,

American Medical Association
Academy of Physicians in Clinical Research
American Academy of Dermatology Association
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology- Head and Neck Surgery
American Academy of Sleep Medicine
American Association of Clinical Endocrinologists
American Association of Clinical Urologists
American Association of Hip and Knee Surgeons
American Association of Neurological Surgeons
American College of Allergy, Asthma and Immunology
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Osteopathic Internists
American College of Osteopathic Surgeons
American College of Physicians
American College of Radiation Oncology
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Medical Women's Association
American Osteopathic Association
American Society for Clinical Pathology
American Society for Dermatologic Surgery Association
American Society for Gastrointestinal Endoscopy
American Society for Radiation Oncology
American Society of Anesthesiologists

American Society of Cataract & Refractive Surgery
American Society of Dermatopathology
American Society of Echocardiography
American Society of Hematology
American Society of Interventional Pain Physicians
American Society of Neuroradiology
American Society of Plastic Surgeons
American Society of Retina Specialists
American Urological Association
Association of Academic Physiatrists
Association of University Radiologists
College of American Pathologists
Congress of Neurological Surgeons
Heart Rhythm Society
International Society for the Advancement of Spine Surgery
Medical Group Management Association
North American Spine Society
Outpatient Endovascular and Interventional Society
Society for Cardiovascular Angiography and Interventions
Society of Cardiovascular Computed Tomography
Society of Critical Care Medicine
Society of Hospital Medicine
Society of Interventional Radiology
Society of Thoracic Surgeons
Spine Intervention Society

Medical Association of the State of Alabama
Arizona Medical Association
Arkansas Medical Society
California Medical Association
Colorado Medical Society
Connecticut State Medical Society
Medical Society of Delaware
Medical Society of the District of Columbia
Florida Medical Association Inc
Medical Association of Georgia
Hawaii Medical Association
Idaho Medical Association
Illinois State Medical Society
Iowa Medical Society
Kansas Medical Society
Kentucky Medical Association
Louisiana State Medical Society

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MedChi, The Maryland State Medical Society
Massachusetts Medical Society
Michigan State Medical Society
Minnesota Medical Association
Mississippi State Medical Association
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