

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:

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- 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

Maine Medical Association  
MedChi, The Maryland State Medical Society  
Massachusetts Medical Society  
Michigan State Medical Society  
Minnesota Medical Association  
Mississippi State Medical Association  
Missouri State Medical Association  
Montana Medical Association  
Nebraska Medical Association  
Nevada State Medical Association  
New Hampshire Medical Society  
Medical Society of New Jersey  
New Mexico Medical Society  
Medical Society of the State of New York  
North Dakota Medical Association  
Ohio State Medical Association  
Oklahoma State Medical Association  
Oregon Medical Association  
Pennsylvania Medical Society  
Rhode Island Medical Society  
South Carolina Medical Association  
South Dakota State Medical Association  
Tennessee Medical Association  
Texas Medical Association  
Utah Medical Association  
Vermont Medical Society  
Medical Society of Virginia  
Washington State Medical Association  
West Virginia State Medical Association  
Wisconsin Medical Society  
Wyoming Medical Society