

May 27, 2022

Vice Admiral Vivek H. Murthy, MD, MBA
Surgeon General
Office of the Surgeon General
Department of Health and Human Services
200 Independence Avenue, SW
Humphrey Bldg., Suite 701H
Washington, DC 20201

Re: Advisory on Health Worker Burnout; Recommendations to Shift to Streamlined & Electronic Prior Authorization Systems

Dear Surgeon General Murthy:

Cohere Health, Inc. (Cohere) applauds your recent Advisory calling attention to the increasing issue of burnout across the health care workforce.¹ As an organization that supports health care providers by reducing administrative burden through automating the prior authorization process, we understand how important it is to ensure providers' time is reserved as much as possible for high-quality clinical care. Through our work with the more than 65,000 providers serving 5.5 million patients in all 50 states, it is our firm belief that, when designed and implemented properly, innovative technologies can support (and not hinder) the work of health care providers, drive health care delivery towards value in a cost-effective way, and ultimately improve patient outcomes. **We would appreciate an opportunity to meet with you to share more information about the work we do and how we believe the innovative application of technology to prior authorization can help minimize provider burnout.**

We agree, as the Advisory states, that converting prior authorization systems from the traditional fax-based approach to one that leverages the immense gains in technology over the last several years can revolutionize provider workflows. Through technologies deploying intelligent authorization intake, real-time clinical recommendations, and machine learning-driven case prioritization, we have seen time spent on authorizations by health care providers decrease by nearly 40 percent and a 63 percent lower denial rate.² This translates not only into higher provider satisfaction but also to better patient care – in our work with providers, we've seen an 80 percent reduction in care delays due to prior authorization.

Unfortunately, a majority of the health care system continues to operate under antiquated prior authorization paradigms that are outdated and harmful to providers and patients alike. Policymakers currently recognize the need to reform how prior authorization is conducted, as evidenced by the upswell of support behind the Seniors' Timely Access to Care Act of 2021 (H.R. 3173)³ and the anticipated proposed rule that would implement requirements to streamline prior authorization on various payer types.⁴ Increasing the cause for concern, the U.S. Department of Health and Human Services (HHS) Office of the Inspector General (OIG) recently found that Medicare Advantage organizations sometimes delayed or denied beneficiaries access to services even though the requests met Medicare rules – often due to human error – and offered recommendations to the Centers for Medicare & Medicaid Services (CMS) for how to address these issues.⁵

However, we believe more must be done to transform how the health care system handles prior authorization, and that fundamental change requires all parties – health plans, physicians, and patients –

¹ <https://www.hhs.gov/surgeongeneral/priorities/health-worker-burnout/index.html>

² <https://coherehealth.com/thought-leadership/case-study-humana/>

³ <https://www.congress.gov/bill/117th-congress/house-bill/3173?s=1&r=5>

⁴ <https://www.reginfo.gov/public/do/eAgendaViewRule?publd=202110&RIN=0938-AU87>

⁵ <https://oig.hhs.gov/oei/reports/OEI-09-18-00260.pdf>

to understand how much they have to gain, both in terms of lower costs and better health, by pursuing a different approach. Ultimately, we believe this new approach entails the following components:

- Automated clinical intelligence that guides high-value care choices;
- Intelligent authorization platforms that are clear on their clinical criteria hierarchy;
- Artificial Intelligence (AI)-driven authorization platforms that ensure the proper completion of all prior authorization requests; and
- Smart prior authorization technologies that can determine longitudinal patient journeys for a wide range of conditions that allow for a bundled authorization of services, rather than having providers submit several disconnected requests for one patient.

Cohere understands that the Administration and Congress are contemplating their next steps on prior authorization reform, and that federal action will be an important part to ensuring that prior authorization can transform from something that burdens providers to an effective tool for managing patient care. We believe this will prove to be a core means for alleviating health worker burnout and for empowering providers to deliver the highest quality care.

Thank you very much for considering our comments and for your work to support the health care workforce. As mentioned, we would greatly appreciate the opportunity to discuss more of our thoughts on prior authorization reform with you. If you have any questions, please contact Alina Czekai, Vice President of Strategic Partnerships by phone at 484-941-4465 or by email at alina.czekai@coherehealth.com.

Sincerely,

Siva Namasivayam

Siva Namasivayam
Chief Executive Officer
Cohere Health