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Where Journeys Collide

Designing Beyond a Single Healthcare Experience Map

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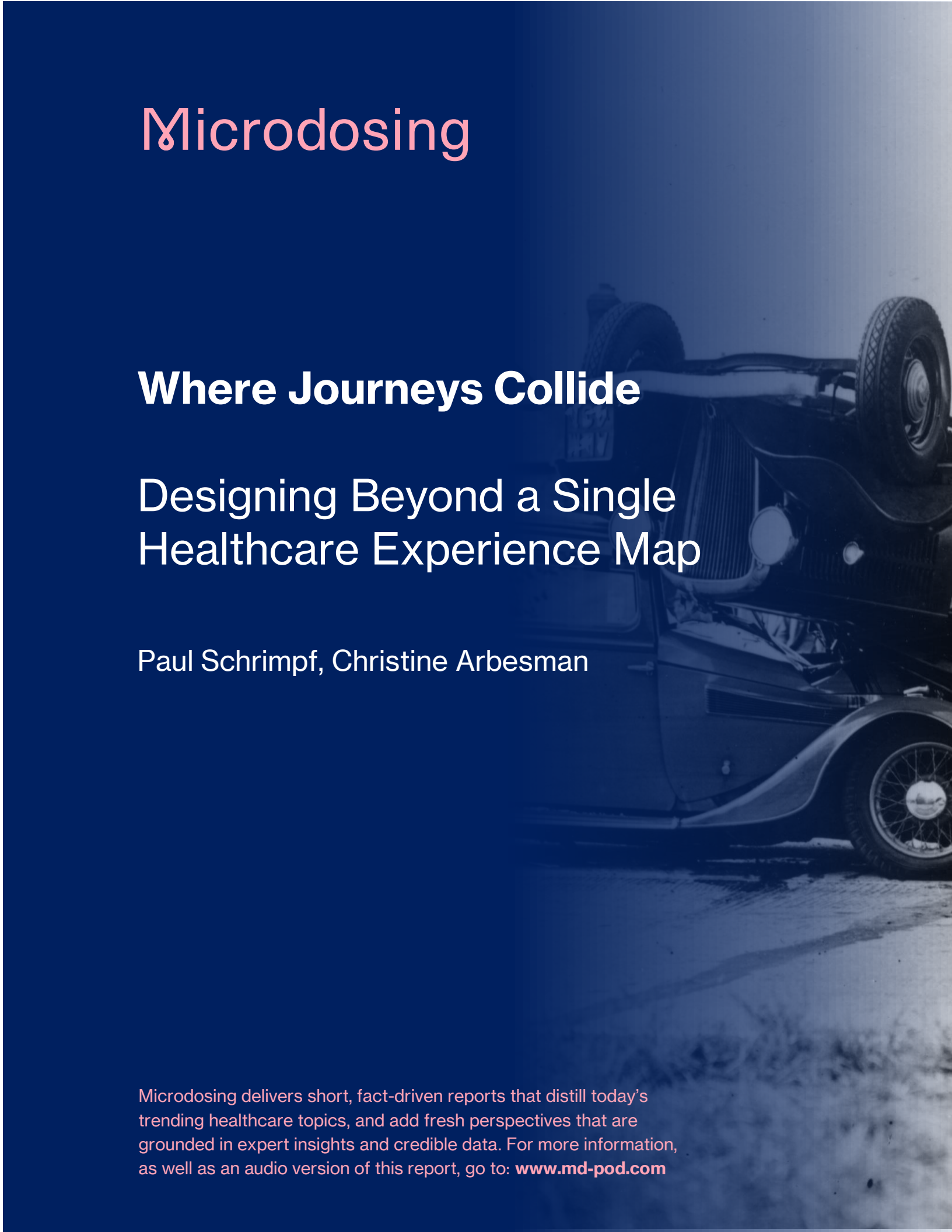

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Every healthcare organization operates within a web of overlapping experience maps, including clinical, administrative, payer, patient, and policy maps. These maps shape every decision, workflow, and outcome. In healthcare, a customer experience (CX) map traces the steps, systems, and emotions that patients, clinicians, and staff move through as care is delivered and supported. Each map makes sense on its own, but the real complexity begins where they overlap. Most improvement efforts focus on a single map, yet few consider how these maps interact or depend on one another.

We do not live in a single-map world anymore. Success in healthcare now depends on how well organizations can see across journeys, not just within them. This requires aligning data, intent, and incentives that were never designed to work together.

One of the most visible intersections of these maps is prior authorization. What appears to be a single administrative checkpoint involves five systems moving in rhythm. It is where a physician's clinical intent meets administrative processes, payer oversight, and patient experience, and often exposes the limits of designing for one journey at a time. There are many other intersections, but this is the most frequent, and a strong example for any intersection of healthcare CX maps.

Like all CX map intersections, fixing prior authorization is not just about approvals or automation. It is about realigning the system, so these maps work together. Many efforts still chase local efficiency, such as digitizing a form, automating a step, or streamlining a workflow. Few examine the intersections where friction truly occurs. That is the frontier of modern healthcare design, where data, decisions, and people meet, and where experience is either fragmented or unified.

The Five Maps and the Prior Authorization Bottleneck

Think of the patients your healthcare organization focuses on. Each patient moves across at least five different maps, depending on the organization, diagnosis, therapy design, or care delivery. For each, something like prior authorization operates with its own vocabulary, systems, and pain points:

- **Procedures and imaging:** Orders often get caught in documentation gaps and payer-specific requirements.
- **Medications:** Pharmacists and clinicians chase PBM approvals while patients wait.
- **Referrals:** Network checks bounce requests among primary care, specialists, and plans.
- **Durable medical equipment:** Routine items stall behind layers of signatures and attachments.

- **Post-acute care:** Discharge teams stand idle while payers deliberate.

Different workflows converge at a single friction point where care meets coverage. It is either authorized to happen, or everything grinds to a halt.

The Systems That Do Not Sync

Prior authorization sits at the intersection of four systems that were never designed to work together: clinical data, payer rules, execution technology, and patient experience. Clinical data is stored in EHRs, PDFs, and free-text notes, often invisible to the tools that rely on it. Payer rules shift frequently and are interpreted differently by every reviewer. The middleware designed to connect these pieces, such as clearinghouses and revenue cycle platforms, still relies on human fixes. Patients experience every delay as uncertainty, frustration, or even worsening health, and clinicians share this frustration as they try to deliver care.

According to the American Medical Association's 2025 survey, 93% of physicians say prior authorization harms patient outcomes, and 87% say it drives unnecessary utilization. AMA president Bruce Scott, MD, put it plainly: "Our patients are caught in the middle, twisting in the wind, while physicians fight for them often with fax machines as our only available weapon."

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Dr. Bruce Scott, MD
AMA

Three Workflows, One Problem

What we call "prior authorization" is really three workflows trying to coexist. Clinically, providers determine what care is needed, triggering instant rule checks and documentation requests. Administratively, staff repackage and rekey data to fit payer formats. On the payer side, reviewers balance oversight and compliance, but slow responses cascade into denials and missed care windows.

These workflow tensions have real consequences. A 2025 Cohere Health survey found that 97% of administrators and 93% of clinicians have seen delays lead to avoidable ER visits or hospitalizations, and more than half have seen patients abandon care altogether. As Dr. Jesse Ehrenfeld, immediate past president of the AMA, told MedCity News, "Patients typically wait twice as long for insurer approval as they do to get on the surgical schedule. All prior authorization does is add delay and confusion."

Stitching the System Back Together

The instinct is to automate, but faster is not necessarily better. Without coordination, automation can accelerate fragmentation. True reform requires orchestration, aligning data, people, and processes so they move together.

The AMA reports that physicians now manage an average of 39 prior authorizations each week, often requiring dedicated administrative staff and costing billions annually in lost productivity. Even as more than 50 major insurers, including UnitedHealthcare, Aetna, and Cigna, pledged in 2025 to streamline the process, progress remains uneven. Physician burnout linked to prior authorization now exceeds 89%. Ehrenfeld summed it up simply: "Patients don't get what they need. It's an overused, burdensome tool that frustrates everyone involved."

A Turning Point

Change is finally gathering momentum. CMS has mandated faster electronic prior authorization for federally regulated plans, and several states have launched "gold-carding" programs that exempt high-performing providers from repetitive reviews. Meanwhile, AI-enabled tools are helping translate documentation and predict approval likelihood. In Cohere's 2025 survey, 99% of clinicians and 96% of administrators said they believe AI can play a meaningful role in simplifying the process.

Speed should support coordination, not increase complexity. As Neil Patil, Health Policy Director at the Medicare Policy Initiative at Georgetown's Center on Health Insurance Reform (CHIR), observed, "Patients would benefit from true transparency, knowing approval rates, turnaround times, and where their case stands in real time." The real opportunity lies in redesigning the network itself, building shared data pathways, consistent handoffs, and mutual trust between clinical and payer teams.

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Georgetown

The Road Ahead

The work ahead is not about building a better form; it is about integrating five maps into one coherent journey. Healthcare companies that treat prior authorization as a design problem rather than an administrative one will lead the next phase of patient experience reform.

As Dr. Scott emphasizes, “The time is now for Congress and the industry to right-size prior authorization so physicians can focus on patients rather than paperwork.” When these maps finally align, healthcare stops stalling and starts moving again.

Beyond the Single Map

Understanding one experience map is no longer enough. Every healthcare company, whether a payer, provider, or technology partner, operates inside a web of overlapping journeys that converge on the patient. Clinical workflows, administrative processes, payer operations, and patient communications were never designed to meet in the same place, yet prior authorization forces them to. The organizations that will lead the next era of healthcare design are those that embrace this complexity.

Many product teams focus on a single domain, creating friction elsewhere. The result is an incomplete design, solving one stakeholder’s pain while amplifying another’s. Real progress happens when product designers, technologists, and clinicians co-create around shared moments: the transitions, handoffs, and approval checkpoints where journeys collide.

As Dr. Elizabeth Teisberg, Executive Director of the University of Texas at Austin, states, “The future of healthcare design lies in stitching together what we’ve optimized separately. Every improvement in isolation risks breaking something else.”

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University of Texas at Austin

As You Embark on Your Next Journey

Building for intersection means thinking in systems, not silos. It means asking how automation changes human behavior downstream, how a status update reduces anxiety for patients, and how a data field travels cleanly between payer and provider systems. Each decision creates ripple effects. Dr. Adrienne Boissy, formerly of the Cleveland Clinic, underscores that by saying, “Designing for intersection means designing for empathy. Where every handoff, data field, and update are built around a human moment of need.”

Prior authorization may be the most visible example, but it also represents healthcare itself: a complex choreography of actors trying to move in rhythm. Designing for intersection improves not just one experience map but creates

alignment across all of them, transforming isolated touchpoints into a connected journey where care, coverage, and compassion move together.

References

This report draws insights and direct quotes from:

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