Everest Group®

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Rewiring Patient Access with Systems of Execution (SoE)

From Fragmented Pre-service to Real-time Precision and Orchestration

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Introduction

Patient access isn't just the front desk anymore – it's the front line of the revenue cycle. From scheduling to insurance verification to financial clearance, this critical function holds the keys to a smooth patient experience and healthy financial performance.

But the demands on patient access are intensifying. Consumers now expect the same digital ease they experience in retail or banking. Meanwhile, mounting healthcare costs, regulatory shifts (including CFPB Regulation V, Medicaid cuts, and tariffs), and the complexity of working with numerous payer rules are exposing the limitations of legacy access models.

While advances in Artificial Intelligence (AI), particularly agentic AI, show promise to help improve this function, many organizations still risk turning their AI initiatives into isolated experiments unless they embrace a critical enabling layer that Everest Group terms System of Execution (SoE).

In this Viewpoint, we delve into:

- The patient access function and its importance
- Why the current technology stack falls short despite AI advances
- Why SoE are the inevitable outcome of evolving patient access needs and the only path to success
- The ideal tenets of SoE in patient access and the future of SoE-enabled patient access
- The patient access software vendor landscape

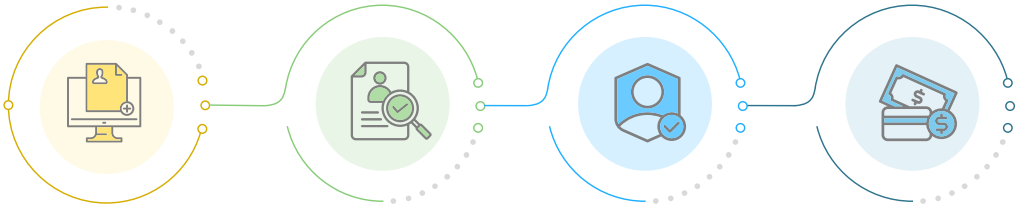
An overview of the patient access function and its growing importance

Patient access serves as the gateway to a patient's healthcare journey. It includes functions that are essential not just for operational efficiency, but also for shaping the patient's first impression of the healthcare experience.

Exhibit 1 outlines the key components that fall under the purview of patient access.

Exhibit 1: Overview of Everest Group's patient access value chain

Source: Everest Group (2025)



Patient registration ▶	Eligibility and benefits verification ▶	Prior authorization ▶	Patient pay estimation
Patient pre-registration	Eligibility check	Authorization submission	Patient out-of-pocket cost estimation
Patient demographics data intake	Coordination of benefits	Medical necessity checks	Propensity-to-pay assessment
Patient scheduling	Benefits limitations and coverage rules	Referral management	Point-of-Service (POS) collections
	Registration quality assurance	Managing payer responses: approvals, denials, or additional info requests	Establishment of payment plan
			Patient financial counseling

Several macroeconomic and industry developments in recent times have mounted the financial and logistical burden on patients. These developments have also amplified the importance of patient access functions in ensuring affordability, compliance, and care continuity. Exhibit 2 outlines these key disruptions and their expected impact on patients.

Exhibit 2: Notable market disruptions, their impact on patients, and implications for patient access

Source: Everest Group (2025)

Market disruption	Likely impact on patients	Implications for patient access
The US administration's recent tariffs	Tariffs on importing supplies will raise the overall cost of care by at least 10%, a burden likely to be passed on to patients through higher out-of-pocket expenses	Greater emphasis on accurate cost estimates and real-time patient out-of-pocket responsibility to support increased up-front collections
The upcoming CFPB Regulation V (under scrutiny) could limit providers' leverage with patients	• Providers may become more stringent in requiring up-front payments or payment plans due to reduced post-service collection leverage • New disclosure rules may increase the administrative steps that patients must complete before receiving care	Refined financial counseling workflows and faster setup of payment options
GOP eyes US$880 billion in healthcare cuts – and with Medicare off the table, Medicaid is the primary target	Patients may have to cover full costs for services or prescriptions previously subsidized by Medicaid	More rigorous and real-time eligibility checks, especially for Medicaid patients

As these developments play out, they raise an important question: Is today's tech stack prepared to absorb their impact?

Why the current patient access tech stack falls short – even with AI

Enterprises have various options to help optimize patient access. These include EHRs/EMRs with added patient access features, RCM platforms that operate as a bolt-on layer on the EHR/EMR, and independent software that serves specific business needs within patient access, for example, prior-authorization checks.

However, they still operate largely within fixed rules and predefined workflows. Moreover, these systems fail in case of exception handling, that is situations that fall outside the norm, such as unusual insurance plans, complex authorization scenarios, or special scheduling needs, which require manual intervention. While next-generation technologies such as AI and agentic AI show promise, they are yet to reimagine the experience. Consequently, achieving business objectives still remains elusive.

44% of denials occur at the front-end, with **registration and eligibility** and **authorization and precertification** ranking among the top three causes of denials[1]

There is no single root cause behind the rise in denials. Rather, they stem from a complex interplay of structural inefficiencies, fragmented technologies, and misaligned processes.

Exhibit 3 highlights the key stumbling blocks and how they tie into broader systemic issues that hinder patient access.

Exhibit 3: Key barriers to patient access and their systemic roots

Source: Everest Group (2025)

Challenges	
Long wait times and scheduling bottlenecks	According to the American Association of Nurse Practitioners, **2 in 5 Americans** report unreasonable healthcare wait times
Prior-authorization delays	According to the American Medical Association, **94% of physicians** report that prior-authorization delays negatively impact patient care
Patient payment and coverage confusion	**9 in 10 consumers** want to know their payment responsibility before receiving care, yet 73% report finding out only after treatment
Staffing shortage and administrative burden on staff	**8 of 10 revenue cycle executives** say patient experience suffers due to gaps in staffing coverage

Underlying bottlenecks

- Manual, disconnected workflows
- Lack of interoperability across various systems
- Limited use of automation and self-service tools
- Inconsistent and complex payer policies
- High staff turnover and inadequate training

These bottlenecks reveal a deeper truth: fixing patient access isn't just about plugging gaps – it requires a fundamental shift in how systems, data, and decisions come together.

1 The Optum 2024 Revenue Cycle Denials Index

Why SoE are the inevitable outcome of evolving patient access needs

While systems of record (such as Epic, Cerner, NextGen, and Veradigm) and systems of engagement (such as call centers, chatbots, and portals) handle documentation and communication, they do not orchestrate action across fragmented workflows. At the same time, the RCM ecosystem includes a range of software vendors, some offering point solutions focused on specific tasks and others providing broader RCM platforms, such as Experian Health, FinThrive, and Waystar.

Yet, gaps remain in the ability to coordinate and drive real-time, cross-functional execution. Data may be captured and communicated, but it still requires human intelligence to interpret and act on it meaningfully. Moreover, teams often must navigate a fragmented landscape of point solutions, making it difficult to operationalize insights for timely decision-making.

> "Certain payers only accept specific vendors, like Availity, which is used for commercial payers like Cigna and Aetna, while Blue Cross has its own platform. Basically, the payers tell us, 'This is what we use, and this is how you're going to get your authorization approved.'"
>
> – Director of Patient Access, a leading US hospital

This is where SoE come into play. SoE are platforms that intelligently connect data, interpret it through AI, and initiate autonomous, context-driven execution in real time.

Exhibit 4 compares the traditional systems of systems of record and systems of engagement to better understand their role in patient access, their inherent limitations, and why SoE are needed to bridge the gaps.

Exhibit 4: A comparison of systems of record and systems of engagement and how SoE bridge the gaps

Source: Everest Group (2025)

System	Examples	Role in patient access	Limitations	How SoE overcome limitations
System of record	EHRs (Epic, Cerner), payer portals	Store essential data such as insurance eligibility, benefits coverage, and authorization status	Data is static, requires manual look-up; real-time access not available	SoE pull and unify data instantly across multiple systems, enabling automated eligibility and authorization checks.
System of engagement	Patient portals, call centers, CRMs	Interface with patients for scheduling, reminders, pre-service instructions, and payment	Limited integration with back-end systems	SoE enable real-time, data-driven interactions by connecting back-end intelligence to patient-facing systems.

RCM platforms and point solutions work on top of these systems to enable them

To understand the advantages of SoE in modern RCM workflows, it is useful to compare them with traditional approaches across key functional dimensions. Exhibit 5 highlights how SoEs outperform traditional tools across core RCM capabilities like integration, execution, adaptability, and orchestration

Exhibit 5: How SoE differs from traditional approaches

Source: Everest Group (2025)

Capability	RPA / Automation tools	AI dashboards	SoE
Data integration	Limited, static scripts	Read-only insights	Real-time, dynamic synthesis across multiple systems of record
Action execution	Rules-based task bots	None	Full execution with AI-guided decision logic
Workflow adaptability	Pre-scripted only	Manual reconfiguration	Learns and adapts to new payer rules, patient behavior, etc.
Orchestration across functions	Rare	Not applicable	End to end (eligibility → authorization → scheduling)

As the table above clarifies, SoE distinctly outperform traditional approaches. Next, we look at the core pillars that make SoE truly effective in patient access.

Tenets of effective SoE in patient access

To realize transformative value, SoE for patient access must go beyond process automation and embody the following principles:

Intelligence at the core

- Seamlessly integrate payer APIs, EHR data, and CRM platforms
- Apply AI to assess eligibility, coverage tiers, and pre-authorization needs
- Predict authorization risks and flag resolution paths before claim denial

Cross-workflow orchestration

- Link eligibility verification, prior-authorization, and scheduling into a single flow
- Synchronize updates across systems to ensure no disconnect between access, billing, and clinical workflows

Adaptive and self-learning

- Improve routing logic basis payer response patterns and denial trends
- Automatically adjust workflows to new policy updates or EDI standards
- Refine workflows and staff guidance through built-in feedback loops

Autonomous execution

- Automate prior-authorization submission, tracking, and exception handling
- Execute eligibility checks instantly during scheduling or intake

Real-time decisioning

- Make coverage decisions during live scheduling (for example, flag high OOP cost, suggest financial counseling)
- Automatically determine whether prior-authorization is needed and select the best channel (fax, API, payer portal)

Human empowerment, not replacement

- Route only complex cases to access specialists with full context
- Provide staff with AI-generated next-best-actions during escalations
- Free up FTE capacity for patient engagement and exception resolution

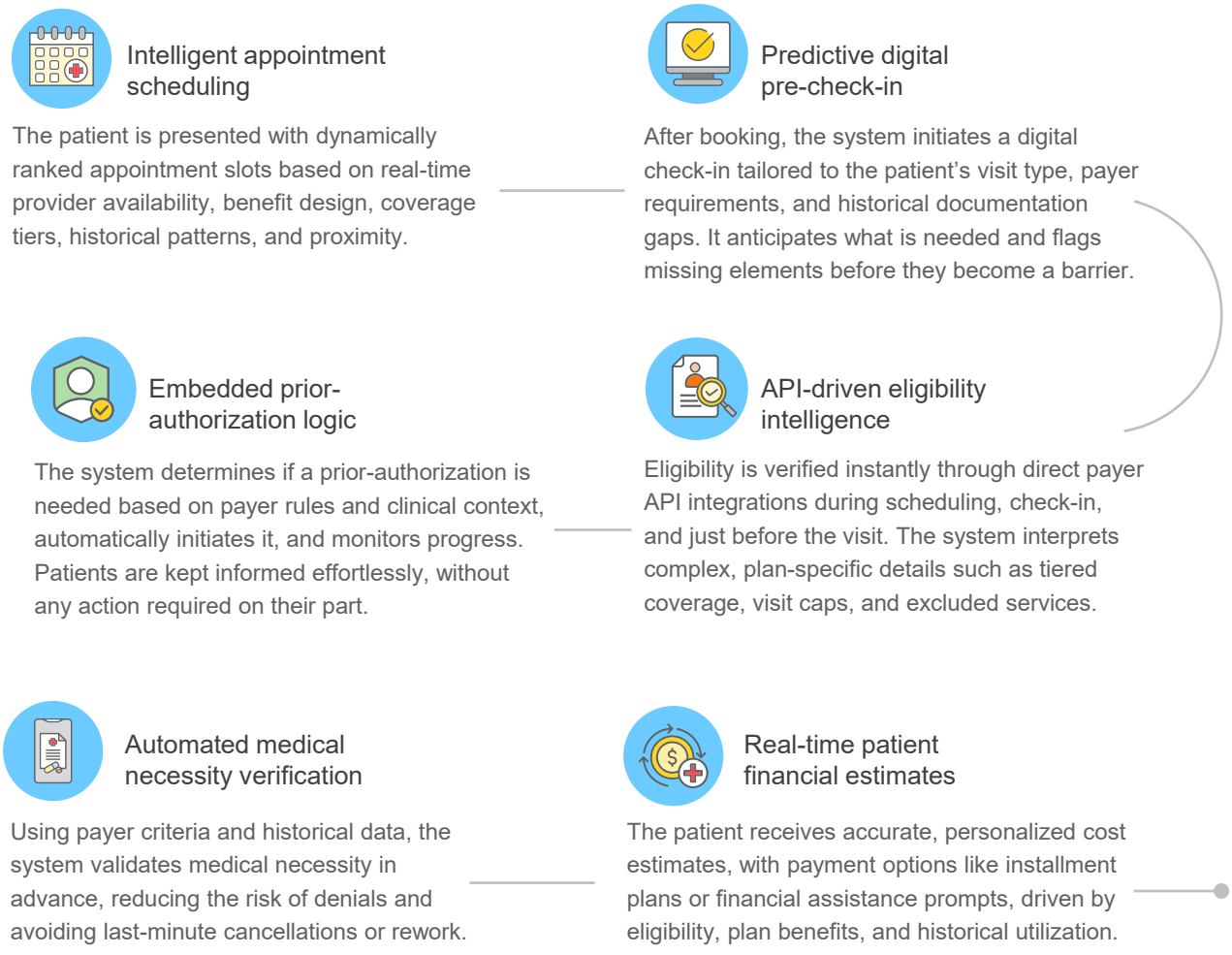
The vision of a fully SoE-enabled patient access

In a mature SoE-driven healthcare enterprise, patient access becomes a seamless, intelligent, and responsive front-end engine.

Exhibit 6 highlights what that future looks like.

Exhibit 6: Transformed patient journey after implementing SoE in patient access

Source: Everest Group (2025)

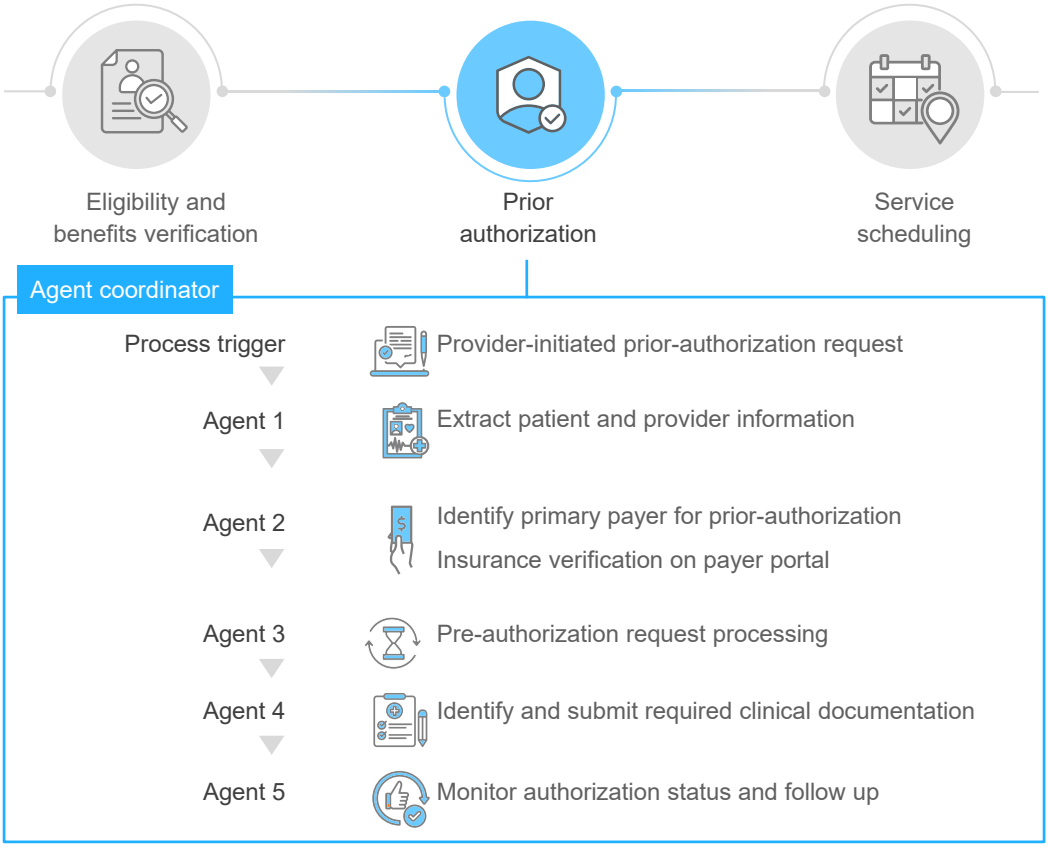


Throughout the journey, AI continuously monitors for exceptions, intelligently escalating issues to the right stakeholder with full context. Unified data exchange across EHR, CRM, and scheduling systems ensures seamless coordination, freeing up staff to focus on high-value patient engagement.

We take a closer look at how this works in practice, by zooming in on a specific and complex workflow – prior-authorization – in Exhibit 7.

Exhibit 7: Reimagined prior-authorization workflow with SoE

Source: Everest Group (2025)



Realizing this vision requires more than technology. It depends on a set of powerful enablers that are accelerating SoE adoption in patient access.

Adoption enablers in patient access

- **Regulatory momentum:** The 2027 federal mandate and price transparency rules accelerate Fast Healthcare Interoperability Resources (FHIR) adoption, pushing the ecosystem toward interoperable, real-time access to data
- **Technology convergence:** Integration platforms, API gateways, and AI orchestration layers are becoming plug and play
- **Competitive pressures:** Leading IDNs and health systems are investing in agentic AI models that emphasize automation, adaptability, and experience-driven operations, moving closer to SoE principles
- **Patient expectations:** Digital-native patients expect Amazon-like self-service and speed, not hold times and rework

A call to action for patient access directors and C-suite leaders in provider organizations

Traditional systems fall short as healthcare organizations strive to improve access, reduce cost-to-collect, and enhance patient experience. Eligibility, prior-authorization, and scheduling are no longer isolated workflows – they are mission-critical levers for operational and financial performance.

Systems of execution offer the way forward. By unifying data, intelligence, and automation into a cohesive orchestration layer, SoE transform the front-end of the revenue cycle from a manual, reactive process into a real-time, intelligent engine.

Provider organizations must ask:

- Are we orchestrating pre-service workflows in real-time – or managing queues?
- Is our tech stack enabling intelligent execution – or just storing and displaying data?
- Can we make the leap from automation to autonomy – and what's holding us back?
- Which technology companies can we collaborate with?

To support leaders in evaluating the right partnerships, the appendix maps out key technology companies and provides an overview of their key capabilities.

Appendix

Patient access technology landscape

The patient access software market is marked by a wide range of providers, offering software that addresses different stages of the access journey. To simplify the landscape, we have grouped the key players based on their core functionalities and focus areas within the patient access continuum in Exhibit 8.

Exhibit 8: Categorization of current patient access technology vendors

Source: Everest Group (2025)

EHR companies with patient access software

- Large EHR companies that include patient access capabilities as part of their broader clinical and administrative ecosystems
- Their tools are often natively embedded within the EHR, offering tighter integration with existing workflows
- Frequently chosen by providers prioritizing system-wide consistency and minimal vendor fragmentation

Epic nextgen ORACLE TruBridge veradigm

Healthcare software providers

- These providers offer a wide suite of solutions that span functions across the patient access life cycle, from scheduling and intake to financial clearance
- Their offerings may come as a unified platform covering several access functions or as modular solutions that can be adopted individually
- Some of these companies serve as clearing houses that help orchestrate claims across payers and providers
- Suited for enterprises seeking to streamline access workflows with one primary technology partner

Availity AKASA EviCore By EVERNORTH experian health FinThrive HiPaaS

Infinitus inovalon openbots Optum Phreesia RevSpring

SSIGROUP, Inc TRIZETTO Provider Solutions thoughtful.ai WAYSTAR Valer verdure

Note: Thoughtful.ai and VerdureRCM are now part of Smarter Technologies

BigTech companies

- These large-scale cloud and technology providers are increasingly offering modular, API-driven patient access software, either directly or through partnerships with healthcare-focused vendors
- Their offerings are typically positioned around interoperability, scalability, and AI enablement, appealing to large health systems seeking flexible, cloud-native infrastructure and deeper analytics capabilities across access workflows
- Examples: Google Cloud Claims Acceleration Suite, Microsoft Cloud for Healthcare, Salesforce's Agentforce for Health

Exhibit 9 provides a brief snapshot of each vendor's patient access capabilities, highlighting the key functions they support across the access value chain.

Exhibit 9: Overview of vendor capabilities across the patient access value chain

Source: Everest Group (2025)

Type 1: EHR companies with patient access software

Technology vendor	Overview of patient access capabilities
Epic	Epic offers MyChart, a patient portal that supports key patient access functions, such as digital check-in, appointment scheduling, cost estimation, insurance management, and online bill payment.
nextgen healthcare	NextGen's Patient Experience Platform provides options for self-scheduling appointments, receiving automated reminders, completing digital check-ins before visits, uploading insurance information, and making bill payments.
ORACLE	Oracle Health Patient Administration and Oracle Health Registration Management solutions enable patients to self-schedule appointments, complete digital registrations, receive cost estimates before their visits, and access online bill payment options.
TruBridge	TruBridge offers various solutions that address self-scheduling, digital intake, insurance verification, referral management, cost estimation, and online bill payment, while also supporting eligibility verification and payment processing.
veradigm	Veradigm offers FollowMyHealth, a patient engagement platform that supports mobile check-ins, online scheduling, bill payment, appointment reminders, and satisfaction surveys. It also provides Predictive Scheduler, an AI-powered scheduling tool that uses AI and predictive analytics to forecast patient demand.

Exhibit 9: Overview of vendor capabilities across the patient access value chain (continued)

Source: Everest Group (2025)

Type 2: Healthcare software providers

Technology vendor	Overview of patient access capabilities
Availity	Availity provides Availity Essentials and Availity Essentials Plus to support eligibility and benefits verification, prior authorizations, and cost estimations.
AKASA	Akasa's Auth Status solution automates the process of checking authorization statuses on payer portals. It uses AI and machine learning to retrieve timely updates, interpret portal responses accurately, and document statuses – approved, pending, or denied.
EviCore By EVERNORTH	eviCore intelliPath® is an electronic prior-authorization solution that automates the prior-authorization process from submission to decision. It manages prior-authorization activities in a single work queue, auto-creates cases, submits them for review, and updates case statuses in real time.
experian. health	Experian Health offers eCare NEXT, an intelligent, single-vendor platform that hosts solutions including coverage discovery, eligibility verification, medical necessity, patient pay estimation, patient scheduling, patient financial clearance, and registration quality assurance.
FinThrive	• FinThrive offers Access Coordinator, a comprehensive patient access software that spans a wide range of front-end functions, including eligibility verification, scheduling, registration, and cost estimation • Within Access Coordinator, the Intake Manager enables patients to complete forms, upload documents, and make payments from any device without needing an app or login – streamlining pre-registration and boosting engagement
HiPaaS	HiPaaS offers generative AI-enabled software for prior-authorization and eligibility verification processes. Its HiPaaS Intelligence tool for prior-authorization enables users to quickly enter case notes and attach relevant medical history if needed, and it automates the rest of the workflow.
Infinitus	Infinitus provides voice AI agents and copilots to automate interactions with payers for benefit verification and prior-authorization. Its AI agents streamline prior-authorization by capturing requirements and checking authorization status, while they quickly access insurance details, verify benefits, and confirm provider network status for eligibility verification.
inovalon	Inovalon offers cloud-based patient access software for eligibility verification, insurance discovery, demographic verification, and patient registration.
openbots	OpenBots delivers autonomous AI agents purpose-built for critical functions across the patient access value chain, with specialized agents such as Veris for eligibility verification, Thalys for prior-authorization, and Alera for patient intake and referrals.
Optum	• Optum offers a patient access and engagement platform that supports 24/7 self-scheduling, digital check-ins, automated prior authorizations, accurate payment estimates, and online bill payments • The company has strengthened its patient access offerings through the acquisitions of DocASAP, Change Healthcare, and AccuReg
Phreesia	Phreesia offers a unified platform that enables patient registration, appointment scheduling, payment processing, referral management, and eligibility and benefits verification within a single system.

Exhibit 9: Overview of vendor capabilities across the patient access value chain (continued)

Source: Everest Group (2025)

Type 2: Healthcare software providers

Technology vendor	Overview of patient access capabilities
RevSpring	RevSpring provides EngageIQ, a platform that supports digital intake, scheduling, patient cost estimation, and payment options. It also offers modular solutions such as TrueEstimate for accurate patient payment estimation.
SSIGROUP, Inc Enhancing Life	SSI Group offers Access Director, its patient access management platform, which supports address validation, ID validation, eligibility checks, medical necessity checks, automated prior authorizations, and price transparency and cost estimation.
TRIZETTO Provider Solutions a cognizant company	TriZetto functions as a clearinghouse that supports eligibility verification, automates prior authorizations, provides patient cost estimates, and assists in enhancing up-front collections.
thoughtful.ai	Thoughtful AI develops AI agents designed to automate key RCM processes. Within the patient access space, it offers specialized AI agents such as PAULA for prior-authorization and EVA for eligibility verification.
WAYSTAR	In addition to being a clearinghouse, Waystar provides a comprehensive platform along with modular offerings for key functions across the patient access value chain, including prior-authorization (Waystar Authorization Manager), eligibility verification, registration quality assurance, and price transparency.
Valer	Valer provides a platform to automate prior-authorization and referral-management processes that can support workflows across all payers, care settings, service lines, and specialties.
verdure	Verdure RCM provides insurance and benefits-validation and prior-authorization solutions. Driven by intelligent AI agents, it automates key tasks such as real-time eligibility checks, estimating patient liability, determining prior-authorization requirements, submitting authorization requests, and real-time status tracking.

Type 3: BigTech companies

Healthcare offering	Description
Google Cloud Claims Acceleration Suite	Google Cloud offers a suite of AI-enabled tools, Claims Acceleration Suite, that expedites prior-authorization submission and review by converting unstructured clinical data into structured formats. Additionally, it also offers Vertex AI and Generative AI App Builder that can be leveraged to accelerate patient access workflows.
Microsoft Cloud for Healthcare	Microsoft Cloud for Healthcare offers a patient access portal that enables patients to schedule appointments, complete digital check-ins, and access their health data.
Salesforce's Agentforce for Health	Salesforce's Agentforce for Health leverages a library of pre-built AI agents to automate real-time eligibility checks, prior-authorization submissions, and appointment scheduling through intelligent logic and system integrations.

Note: Thoughtful.ai and VerdureRCM are now part of Smarter Technologies

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