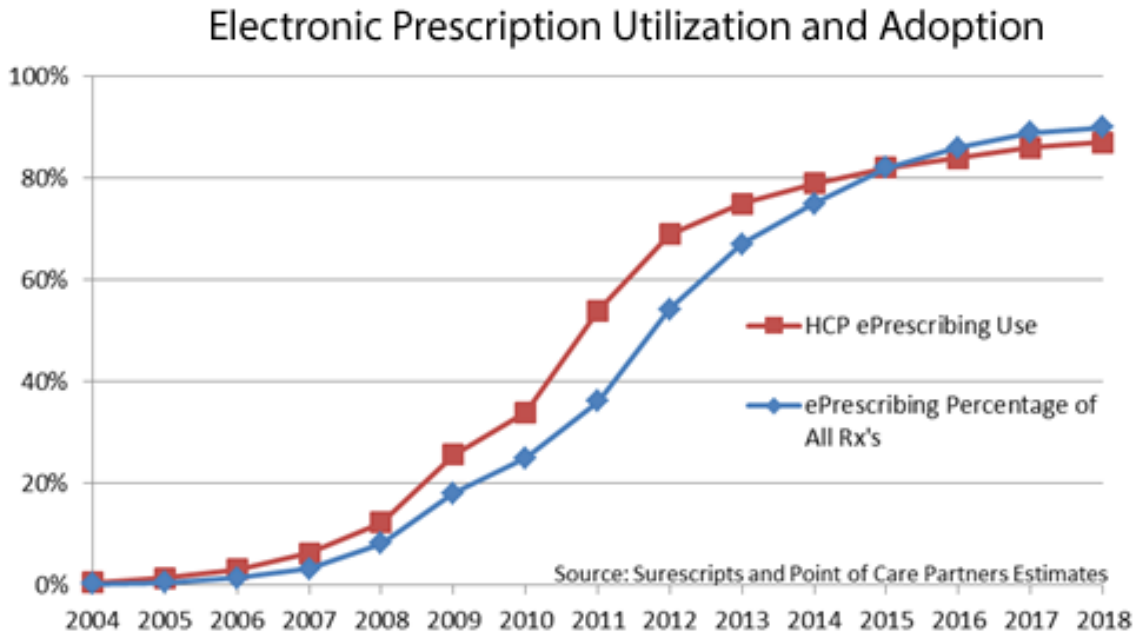
Advancements in Technology to Streamline and Expedite Patient Access

POINT-OF-CARE PARTNERS
HIT Strategy & Management Consultants

CBI Reimbursement & Access
AUG 13, 2015 @ 2:15PM

Learning Objectives

EHR Adoption Grows to Increasingly Impact Prescribing

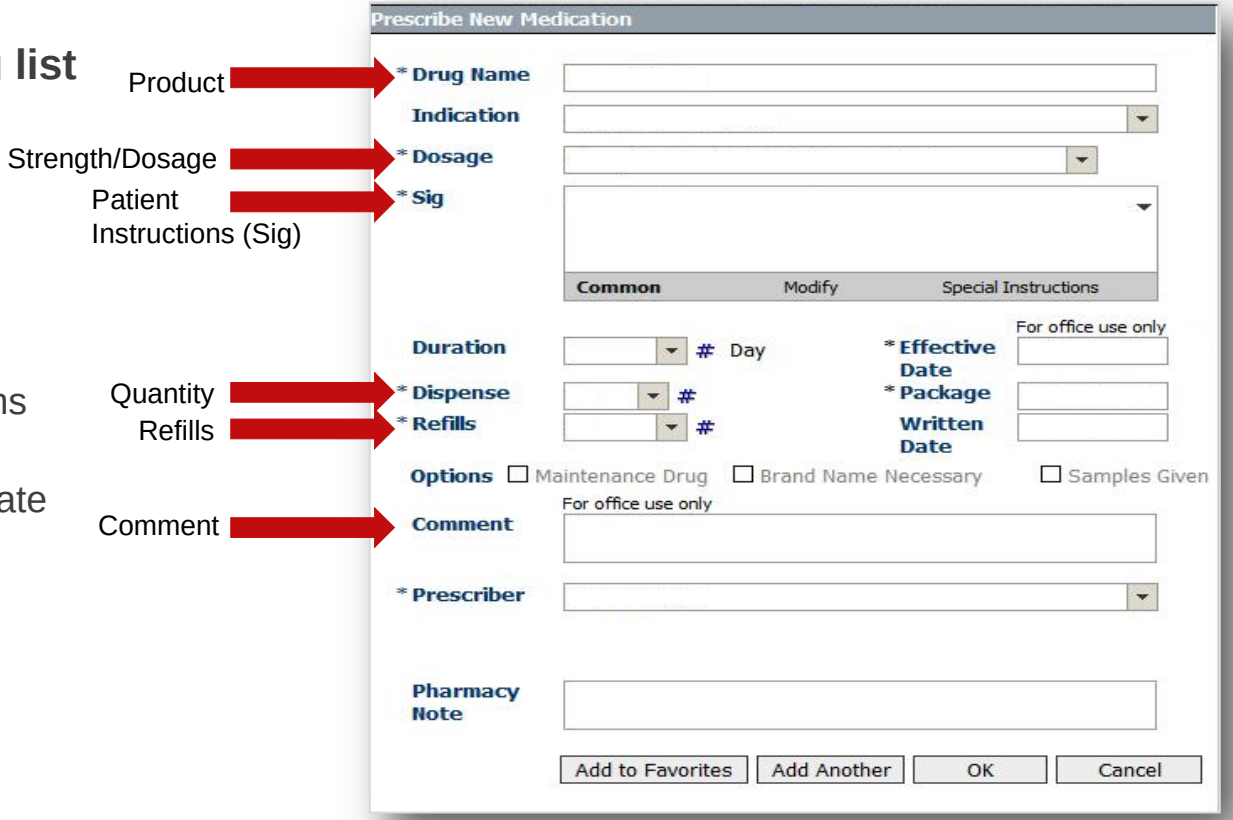


Factors affecting growth: government incentives, transformation of payment model to outcomes-based reimbursement and practice consolidation EHR use.

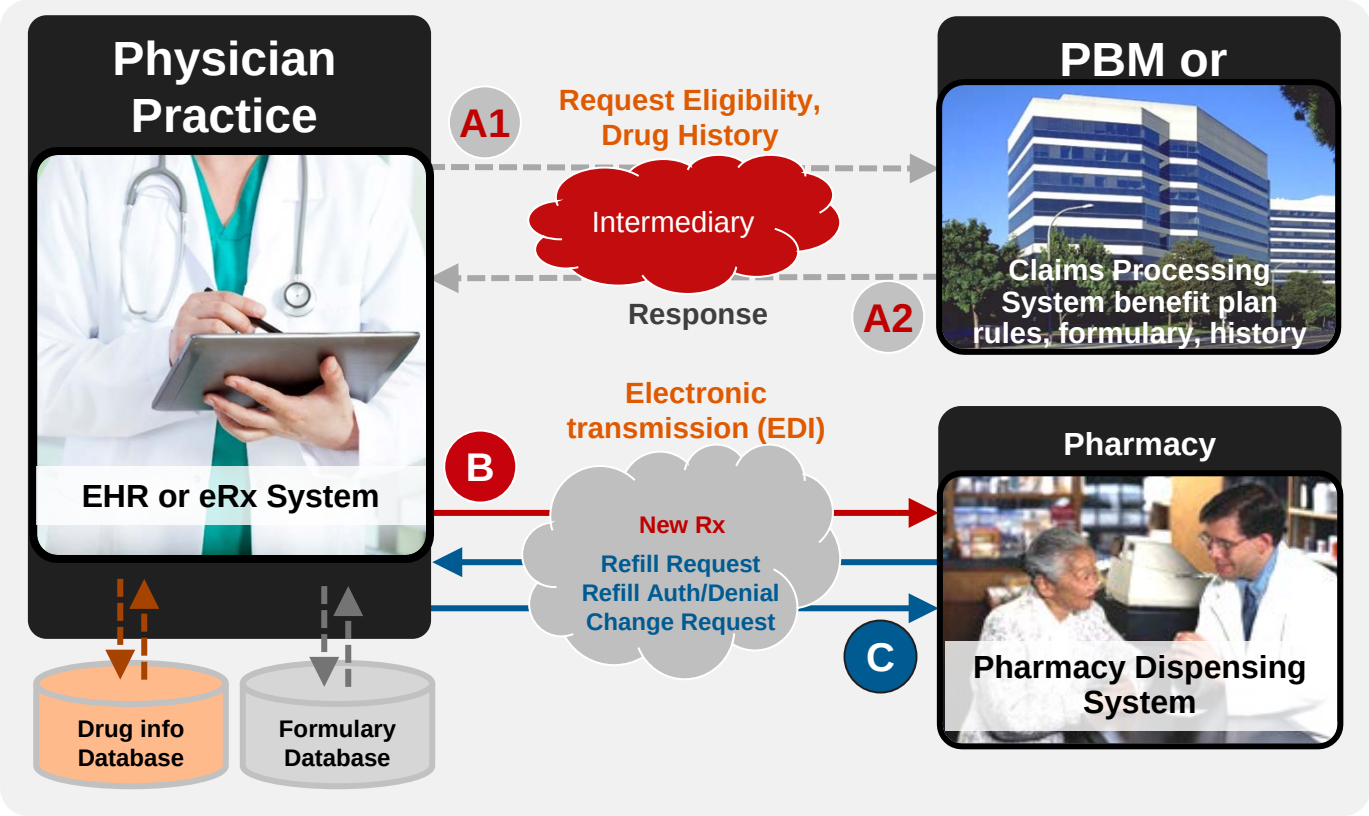
*Source: Surescripts 2014 National Progress Report

Electronic Prescribing (eRx) – Current Display

- Search & select from a **drug list**
  - By **brand** or **generic** name
  - Personal, departmental, or all drugs
  - Updated periodically
- **Mandatory fields:**
  - **Dose**, **quantity** = drop downs
  - Sig = free text avail., no Fed standards implemented to date
- **DAW** flag available

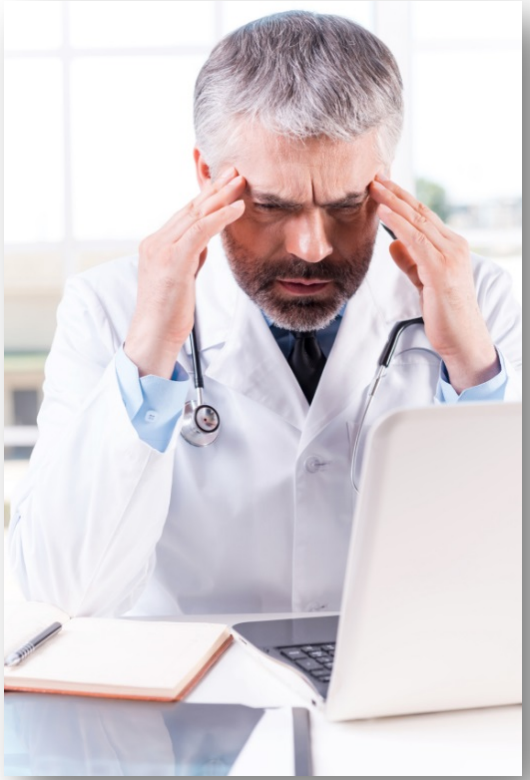


Current Landscape: eRx Flow



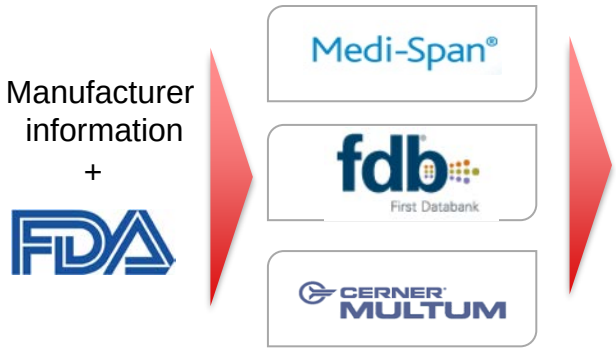
Current Challenges to eRx

- Complex Data Refresh Process
- Delays for New drug introduction
- Formulary Tier Status Inaccuracies
- Electronic Prior Authorization (ePA)
- Electronic Prescribing of Controlled Substances (EPCS)
- Inability to eRx
  - Manually added medications
  - Specialty Pharmaceuticals



Complex Updates to Drug Data in EHRs

- EHRs purchase compendia service to provide drug info for their subscribers, update frequency and depth of data varies
- Each EHR performs its own data integration, using complex processes, yielding varying results between EHRs
- Periodic data downloads vary by EHRs, as well as timelines to prepare it for use in systems
- Drug compendia companies have their own editorial pharmacists to write unique structured data for EHR customers



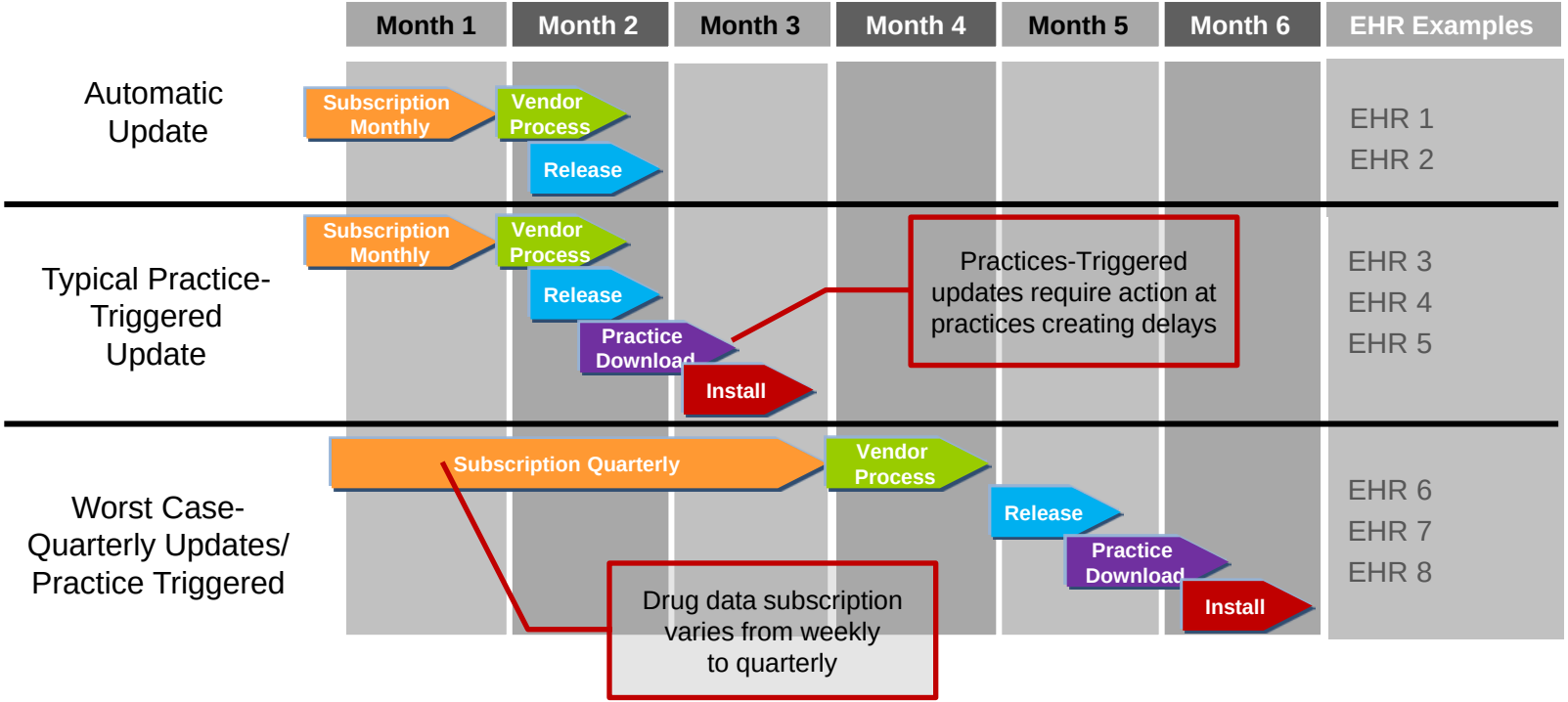
Data is structured into databases for use by applications in:
- Hospitals and LTC
- Retail pharmacies
- Wholesalers
- Payers
- EHRs

Drug Compendia Include:

- Drugs available in the market by brand and generic name
- Pricing
- Strengths
- Drug interactions
- Drug allergy warnings
- Typical patient dosing
- Dosing warnings for renal function, pediatric and other conditions

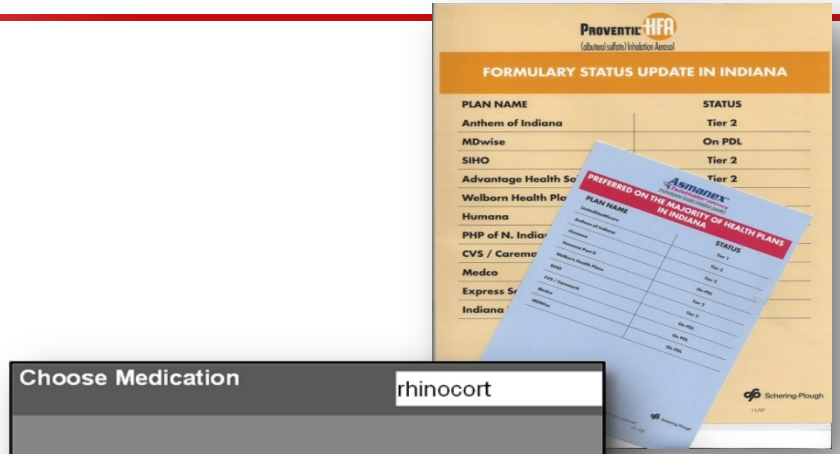
EHRs Currently Affect New Drug Launches

Retail Stocking ≠ EHR listing. New Products appear in EHRs from 1 month (*most ideal & unlikely case*) to 6 months post-launch



Current Challenges to EHR Formulary Display

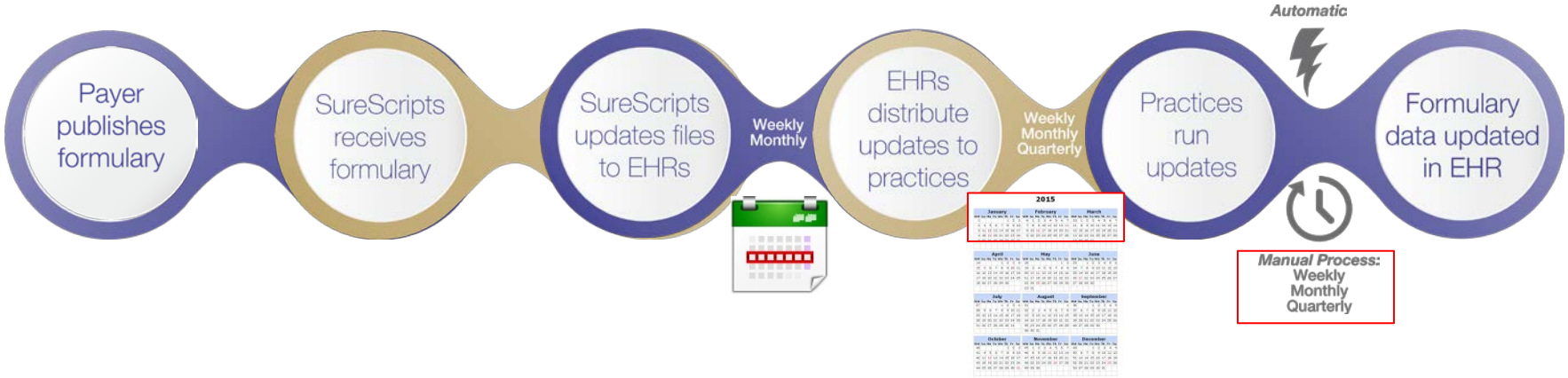
- "Wins" and Tier changes communicated by pharma outpace download from PBMs
- Plans always have carve-outs that do not jive with promotional messages
- HCPs rely on EHRs to pull in patient coverage uploaded from previous night
  - Identifiers include: first name, last name, age, gender, birth date
- HCPs always exposed to preferred formulary alternatives
  - Plethora of symbols & colors confusing



Name	Formulary Status	Formulary Status
Product 1	$ 4 copay	Preferred Level 3
Product 2	$30 Copay	Preferred Level 1
Product 3	$30 Copay	Preferred Level 1
Product 4	$80 Copay	On Formulary, Non-Preferred
Product 5	50% Co-insurance	Non Formulary
Product 6	Unknown	Unknown

Current Process for Drug Formulary Updates

Health Plans and PBMs bear primary responsibility
for updating and distributing formulary data



Formulary data flows electronically from the Payer (Health Plan or PBM) to the EHR

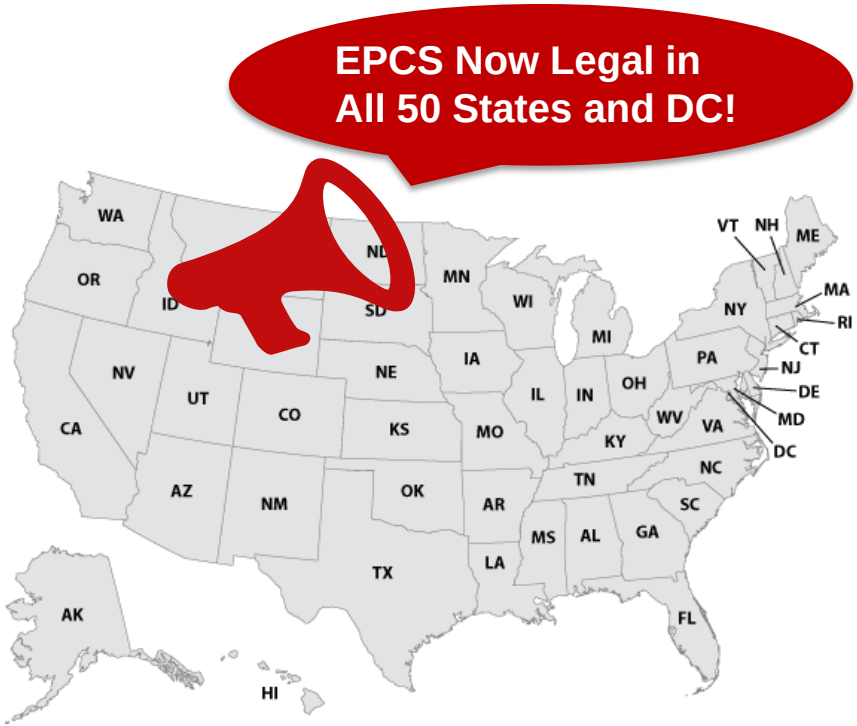
Different distribution schedules of formulary data by EHR vendors can result in out-of-date formulary information

How to Improve Formulary Info Listed in EHR

- Coach Sales Reps on data flow process for updates and variability in data refresh timelines
  - Top EHR systems utilized by target HCPs
- Reps advise customers on processes to ensure **latest data is in EHR**
  - Reps need to be familiar with appropriate timelines for update process and validate formulary display *before* talking w/ prescribers.
- Utilize Favorites and Orders Sets for advantaged Tier status and provide **other forms of NPP** to highlight changes
- Institute **CDS reminders** in EHR systems highlighting a T1 position
- Contract w/ PBMs on dates to provide verification of formulary changes at provider level
  - Frequency of updates diminishes over the calendar year

Current Landscape:
Electronic Prescribing of Controlled Substances

- The final barriers to EPCS are removed!
  - DEA's Interim Final Rule for **Electronic Prescriptions for Controlled Substances** was published on **March 31, 2010**
- States had to examine their regulations around controlled substances and could require more stringent rules than those outlined in DEA regs
  - On July 30, 2015, Missouri EPCS rules became effective



EPCS – State of the Industry*

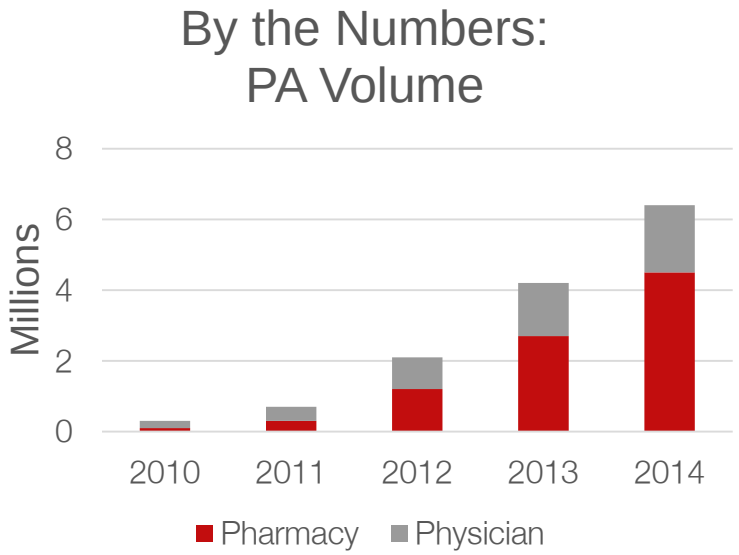
- Controlled substances represent 13% of all prescriptions but **less than 1% EPCS transmitted** nationwide
- EPCS is starting to take off!
  - All states allow EPCS for Schedule II's (except Vermont)
  - EPCS volume increased by **400%** in 2014
- Not all EHR vendors are certified for EPCS.
  - Implementing at providers' practices takes time/effort from both vendor and providers
- Many prescribers and pharmacy staff do not yet recognize EPCS is legal, but this is changing…

**Point-of-Care Partners and Surescripts 2014 National Progress Report*

73%
of pharmacies
+
1.4%
of providers

Are enabled for EPCS

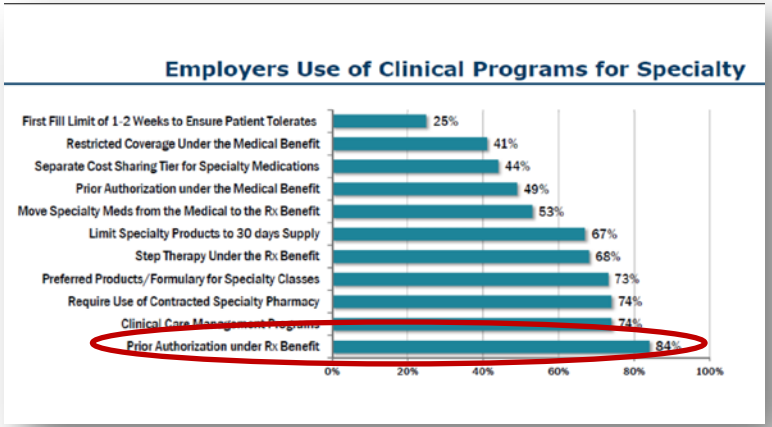
Electronic Prior Authorization

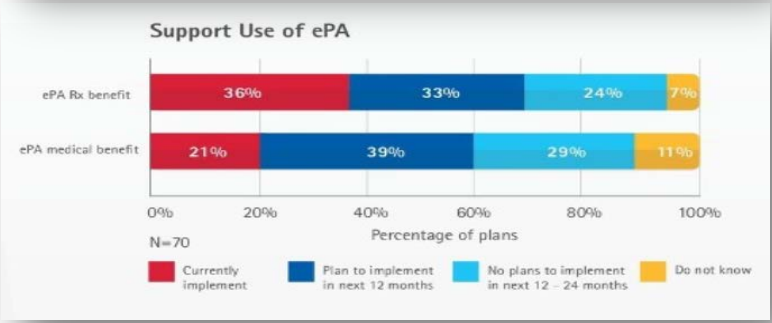


Source: CoverMyMeds

- Retrospective and prospective models emerging in the marketplace
- Retrospective being conducted in a proprietary manner
- **Prospective ePA** officially **approved as** part of the **SCRIPT standard** in July, 2013
- Standardized retrospective process on-hold
- Standardized questions being addressed
- Need for standardization, evidence-based PA criteria

ePA and Specialty Medications

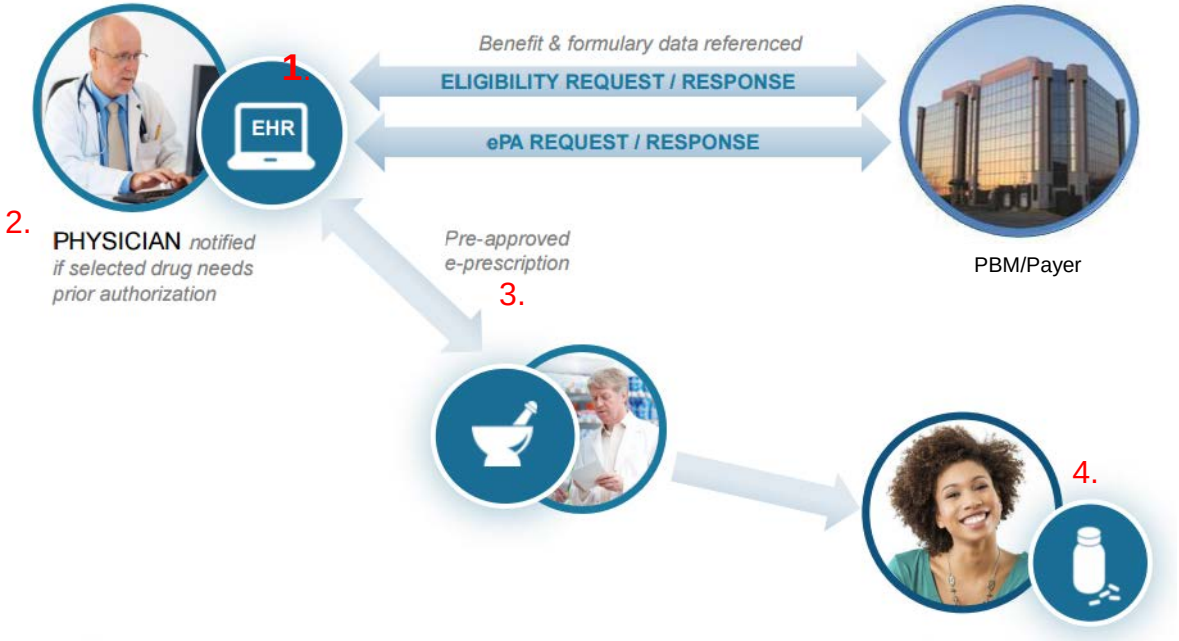




Source: EMD Serono Specialty Digest, 11th Edition

- Prior Authorization is a utilization management (UM) tool increasingly used to manage specialty drug spend and trend:
  - 84% for the Rx benefit
- Most Specialty Pharmaceuticals routed through “Hubs,” with inconvenient processes at odds with todays eRx technology
  - Prescriber typically faxes Rx/ enrollment form to the Hub, before recording in EHR

Desired Future of ePA: Prescriber Perspective

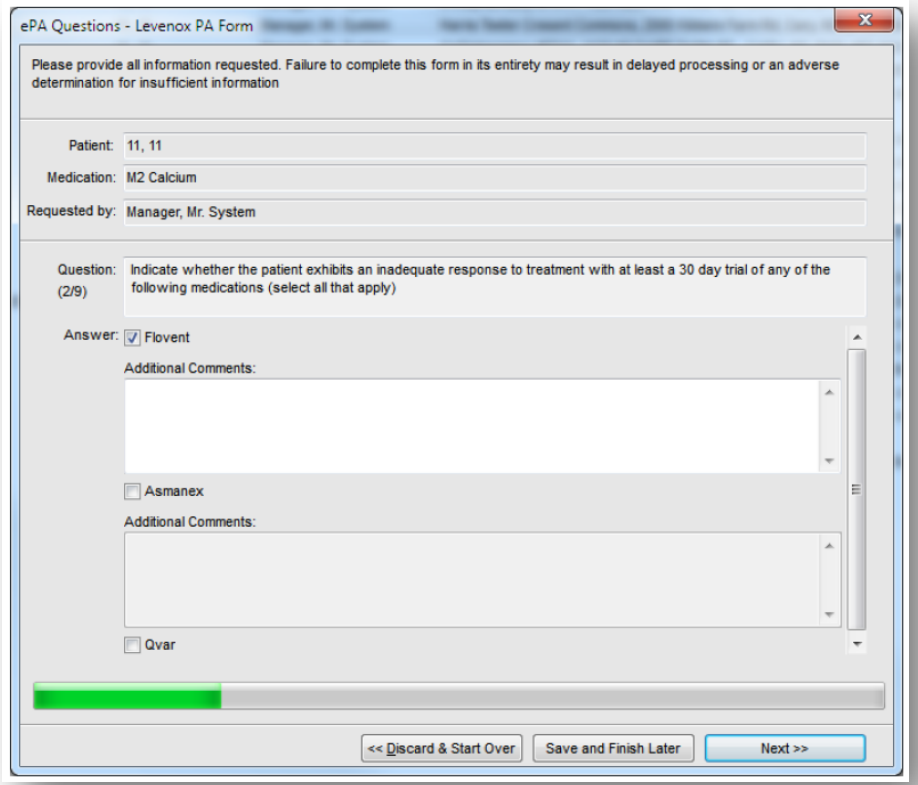


1. EHR identified patient formulary
2. Physician begins PA process
3. Approved prescription results in a transmission to the pharmacy
4. Patient receives medication

Prior Authorization Questions and Open Text Answers

- ePA requests require free text fields to populate patient information

- Open ended questions will be the norm to start in an effort to slow HCP submissions
  - Structured data exchange will develop later.

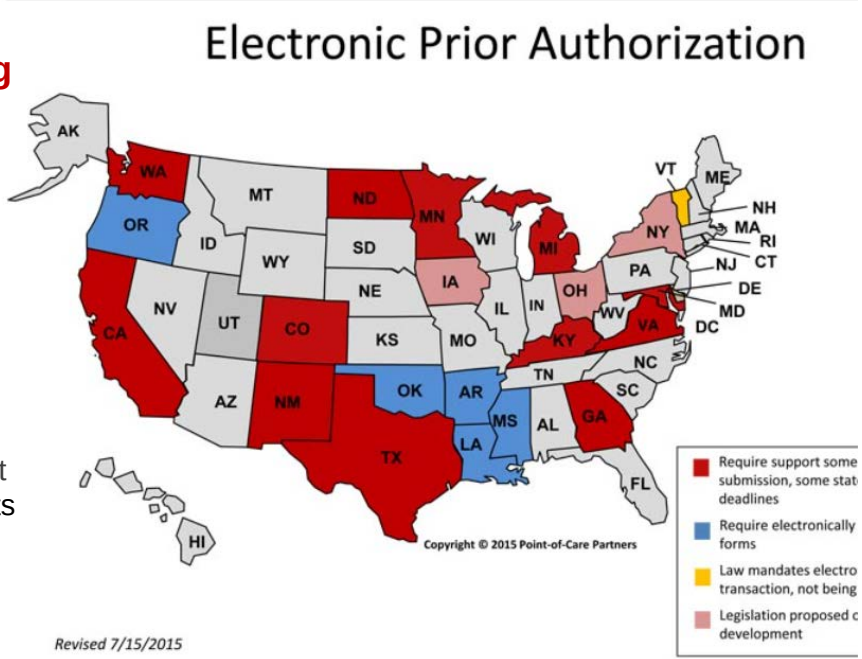


Current Landscape for ePA

12 States have regulations either in effect or pending

- Ongoing Legislative and Regulatory momentum continues to move forward
- Demand seems to be high to reform the entire prior authorization process and workflow
- Payers are required to accept some type of electronic submission Some states pending deadline
- Two states require providers to transmit electronically available PA forms
- A separate website Law mandates electronic transaction, portal not being enforced Legislation proposed or unconnected solution meets requirements rules in some states
- Others will require an NCPDP EDI transaction development

For ePA to reach wide adoption, HCPs need integration within the EHR workflow, and auto-completion of ePA request with existing EHR data



Map SOURCE: Point-of-Care Partners, www.pocp.com, Revised 7/15/2015

ePA Capabilities Develop

Payer

- Some payers already respond very quickly; <1 min with approvals
- No denials at this point; just triggers for additional review and/or request for more information
- Formulary data granularity increases
- Opportunity to send clearer requirements to the prescriber

Intermediaries

- Surescripts and CoverMyMeds offer services to assist EHRs and payers
  - Surescripts is exclusively an Electronic Data Interchange solution
  - CoverMyMeds started with form/fax and has moved to portal with EHR integration to follow

EHR

- Some EHRs are adding ePA capability
  - Surescripts has certified 9 vendors
  - CoverMyMeds has certified 2 EHR vendors + 2 consolidators (DrFirst; NewCrop)
  - Allscripts has done direct certification with major PBMs
- Even where integration has appeared, there is still a good deal data input required

Formulary Impact:

ePA will make poor quality formulary data more apparent (missing PA obvious)

Reduced abandonment with fewer Rx's going to the pharmacy without PA approval

Implications

Prescriber and Brands

Improvements & Benefits of ePA

- Automation enters a manual process
- Increase in PA visibility in formulary data
- As the ePA workflow becomes more familiar, the PA burden will decrease
- Reduced rejections
- Patients get onto therapy more quickly with fewer abandoned prescription

Implications

- Only some payers are integrating with EHRs (national PBMs and Payers)
- Increase in drugs requiring PA
- Driving more PA requests than today
- Information requested will be more comprehensive

Payer

- Today only expensive therapies have PA due to the payer review cost
- Opportunity to send clearer requirements to the prescriber
- ePA will make it easier for physicians to submit request and receive an approval in short order.
- Standardized questions will allow data to flow between the payer and the EHR more freely providing more than the basic questions (almost a conversation between the payer and HCP via the EHR).

Today's Specialty Prescribing Process: Obsolete. Manual. Inefficient.

Prescription is typically **faxed** to pharmacy.

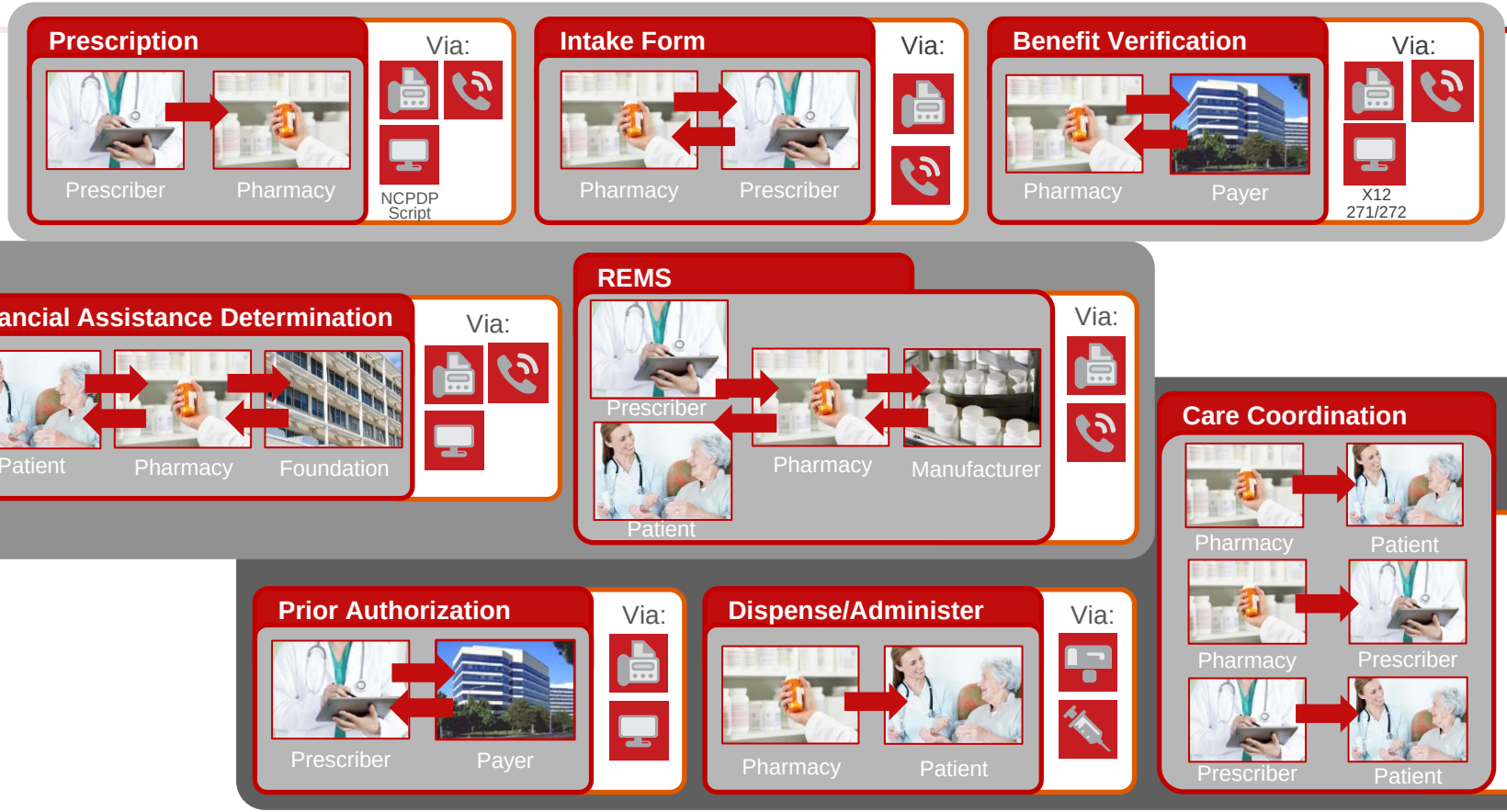
Prescriber "unknowns":

- patient copayment
- contracted pharmacies
- prior authorization
- REMS
- financial assistance

Time intensive for pharmacy:

Multiple calls to determine coverage, if prior authorization/REMS is required.

Types of Specialty Prescription Transactions



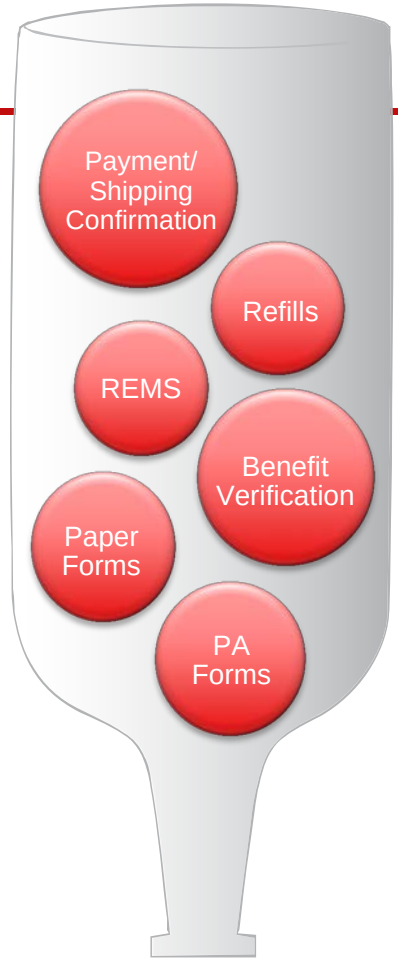
Challenges in Specialty Prescribing

Manual processes cause excess time delays*

- Paper Forms: **19.2 minute** manual input
- Benefits Verification: **1 week** backlog; 60% accuracy
- PA Forms: **1 week** submission to results delay
- REMS: 1/3 orders delayed **7+ days** by patient sign-off
- Payment/Shipping: **2 day** delay for patient confirmation
- Refills: **10 day** average turnaround

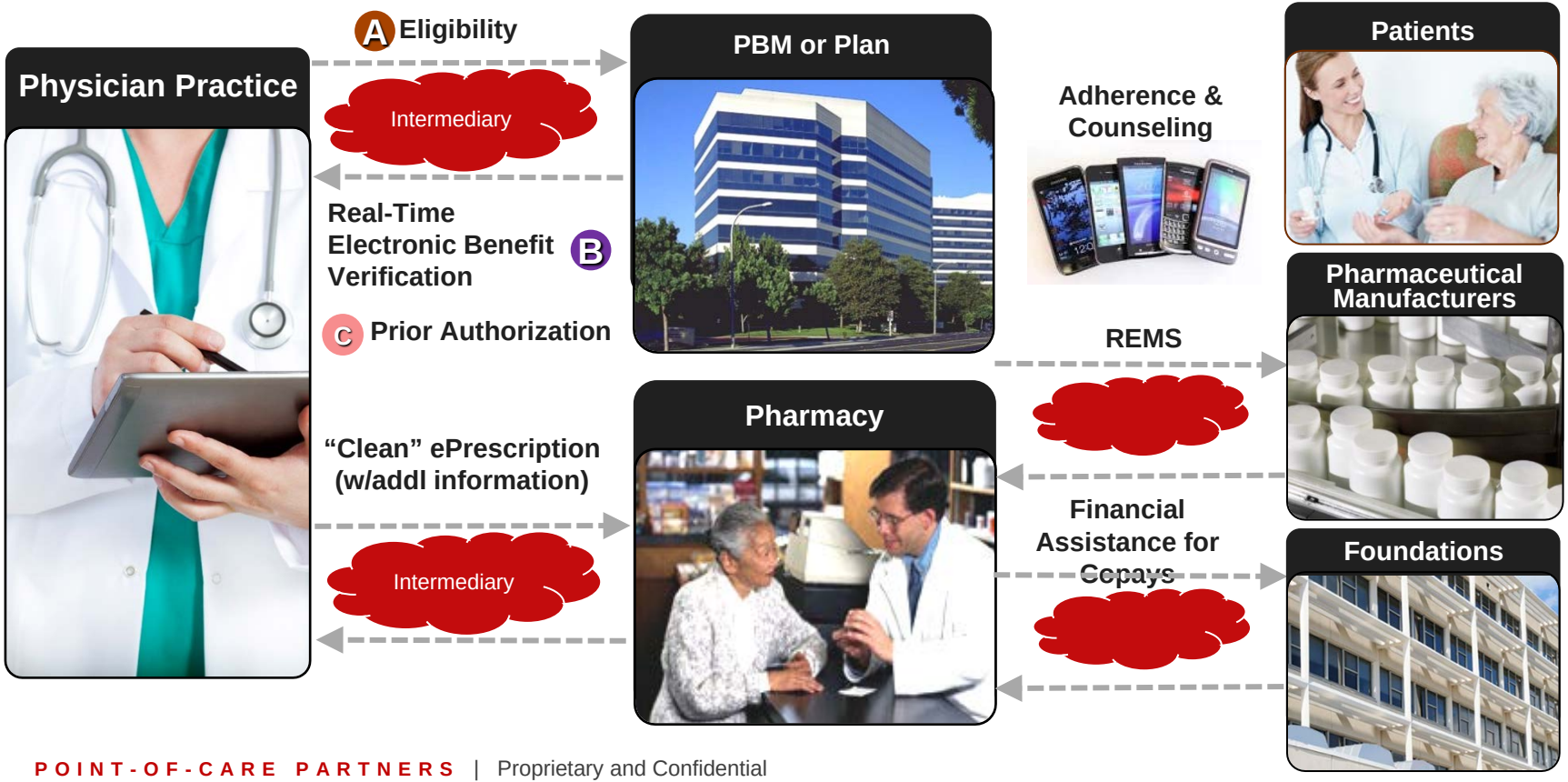
Delays result in fewer patients served

Bottlenecks accumulate –
It currently takes an average of **3-6 weeks** for a patient to receive their specialty medication after it is prescribed.



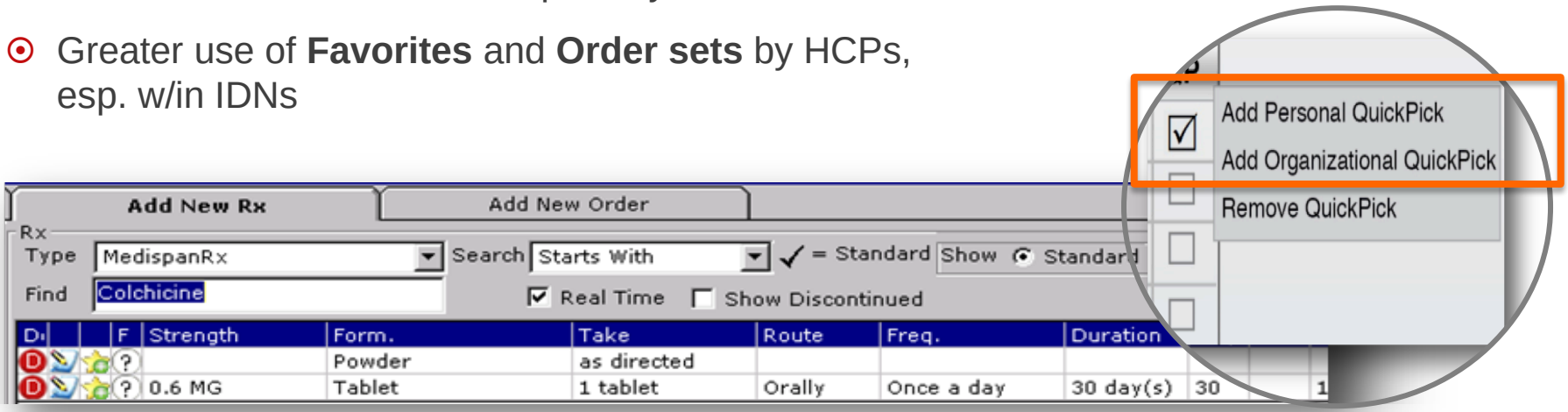
Source: ZappRx, Inc.

Future Landscape – Specialty Pharma



eRx Future Landscape

- More **e-couponing** and **patient education integrated into EHR**
  - through eRx and patient portals
- Growth of **ePA** reducing role of ‘hubs’
  - Cost efficiencies, work stream advantages, HCP demand
- Increase in EPCS & eRx of Specialty Meds
- Greater use of **Favorites** and **Order sets** by HCPs, esp. w/in IDNs



Summary

- Majority of HCPs are ePrescribing within EHRs
- Each EHR system differs in how and when new drugs are added
- Pharma reps and practice staff need to understand the benefits of frequent EHR updates and the process to refresh their EHR's drug database
- EPCS is now legal in all 50 states and DC and most large EHRs are certified for EPCS
- Electronic prior authorization (ePA) is increasing, and is key to improving patient access to medications
- The industry is looking at how to better accommodate eRx of Specialty Medications

Thank you.

POINT-OF-CARE PARTNERS
HIT Strategy & Management Consultants

www.pocp.com

@pocpHIT

Point-of-Care Partners

www.pocp.com/blog