

Electronic Prior Authorization: Sustainable Solutions and the Road Ahead

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May 6, 2015



Creative Collisions.
Sustainable Solutions.

Bio and Disclosure

John Poikonen, Pharm.D.: is currently Vice President for Clinical Content for Medproof, a Hearst Health Company. Prior to joining Medproof, Dr. Poikonen was on the faculty of University of Massachusetts in the graduate program in Health Informatics and Management. He has been Ambulatory Director of Pharmacy and Director of Clinical Informatics at UMass Memorial Health Care.

John Poikonen has no conflict of interest to disclose.

Bio and Disclosure

Perry Lewis: Lewis has spent over 30 years successfully managing relationships with PBMs, initiating strategy for network development and product management, and being actively involved in state/federal health care advocacy roles. In his present role with CoverMyMeds he is Vice President of Industry Relations focused on advocacy efforts pertaining to electronic prior authorization.

Perry Lewis has no conflicts of interest to disclose.

Bio and Disclosure

Tony Schueth is the founder, CEO & managing partner of Point-of-Care Partners (POCP), a health information technology (HIT) strategy and management consulting firm specializing in the evolving world of electronic health records. He is also editor-in-chief of its newsletter, *HIT Perspectives*, a blogger and columnist for *HealthTech Zone*. An expert in HIT & one of the nation's foremost experts in ePrescribing, electronic prior authorization (ePA) and eMedication Management, Tony has led numerous transformative industry efforts. He currently serves as the leader for the NCPDP electronic prior authorization (ePA) workflow-to-transactions task group and is a co-leader for the NCPDP Specialty ePrescribing task group.

Tony Schueth has no conflicts of interest to disclose.



Accreditation Statement

The Institute for Wellness and Education is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Attendees who participate in the interactive portion, submit the completed evaluation form and provide an accurate NABP number along with an accurate Birth Month and Birth Date will have credit for 1.0hour of continuing pharmacy education (0.10 CEU) uploaded to CPE Monitor within 60 days provided an accurate NABP number and birth day is given. After 60 days, credit cannot be uploaded to CPE Monitor

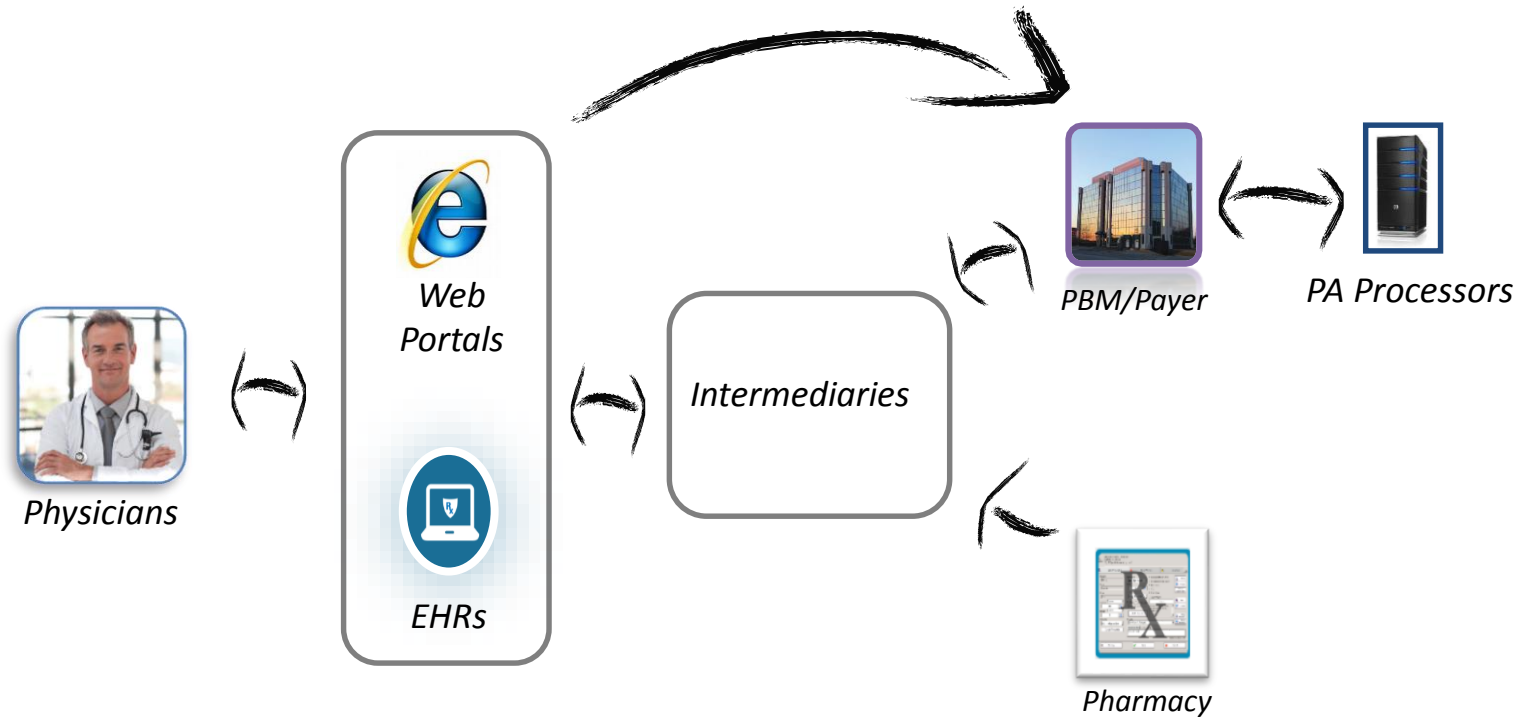
ACPE program numbers are:

0459-0000-15-023-L04-P & 0459-0000-15-023-L04-T

Learning Objectives

1. List the most efficient ways to facilitate prior authorization using electronic health records.
2. Describe the information flow for provider to payer in prior authorization.
3. Illustrate and outline advocacy efforts at the state and local levels.
4. Review recent and published industry reports on progression of ePA via health care.
5. Review pilot case studies to determine best practices and lessons learned from implementing ePA.

Current Landscape



A look at the road so far

- 1996:** HIPAA Passes
- 2003:** MMA Passes
- 2004:** NCPDP Task Group Formed
- 2005:** NCVHS Hearings
- 2006:** MMA ePrescribing Pilots involving ePA
- 2007:** Report to Congress
- 2008:** Expert Panel Formed/Roadmap Created
- 2009:** Minnesota Law Passes
Standard Created using SCRIPT
- 2011:** CVS Caremark Pilot
- 2013:** New Standard Published



Keys to ePA Success

SUSTAINABILITY	INNOVATION
<ul style="list-style-type: none">• Stakeholder Participation	<ul style="list-style-type: none">• Automated Adjudication
<ul style="list-style-type: none">• Legislation	<ul style="list-style-type: none">• Prescriber/Pharmacist Input
<ul style="list-style-type: none">• Standards Development	<ul style="list-style-type: none">• Specialty Medications
<ul style="list-style-type: none">• Interoperability: EHR/PDMP/ HIE/PHR Integration	<ul style="list-style-type: none">• Independent Evidence Based Criteria

ePA National Adoption Scorecard

This scorecard was developed to communicate the current status of ePA in the industry, highlight trends, and indicate what is required to achieve success in industry-wide ePA adoption.

The report was made possible through the guidance of the following organizations and participants, in addition to other industry experts:

Lee Ann Stember, President, NCPDP,

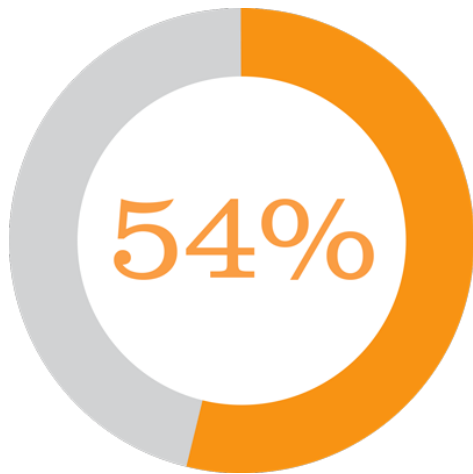
Nick Calla, Vice President of Industry Relations, Formerly CSPN

Becky Snead, Executive Vice President & CEO, NASPA

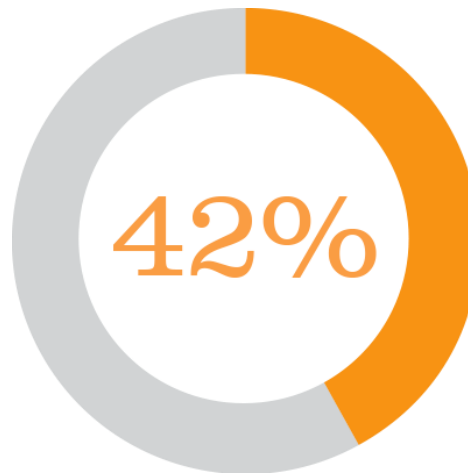
Adam Kautzner, Vice President, Formulary & Drug Trends, Express Scripts

EHR Vendors

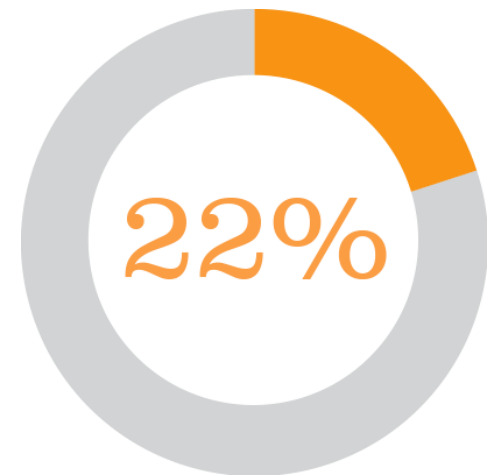
Percentage of EHR market committed to implementing ePA,
and status as of Q1 2015



COMMITTED



AVAILABLE



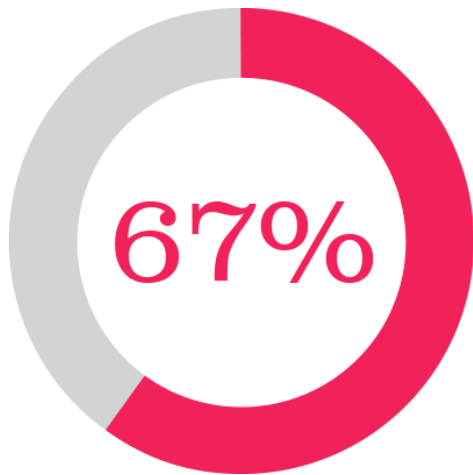
LIVE

CoverMyMeds- Source: Software Advice - EHR Meaningful Use Market Share Industry View 2014; SK&A - Physician Office Usage of Electronic Health Records

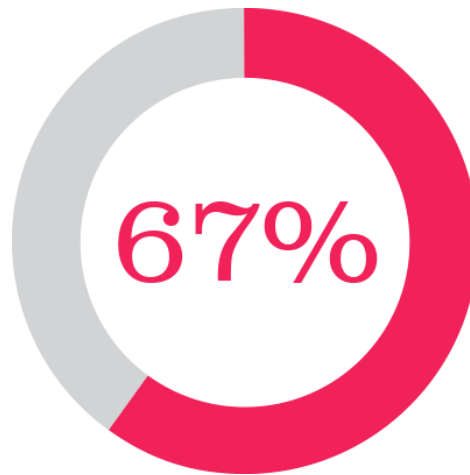
Software
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PBM/Plans

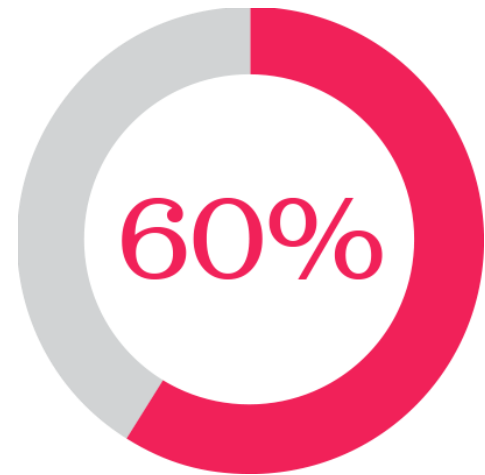
Percentage of PBM/Plan market committed to implementing ePA, and status as of Q1 2015



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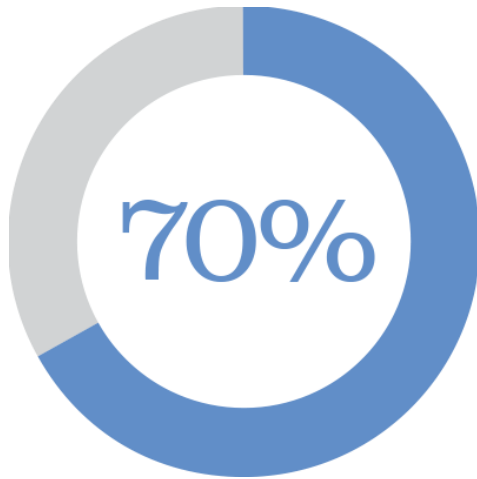
CoverMyMeds- Source: Software Advice - EHR Meaningful Use Market Share Industry View 2014; SK&A - Physician Office Usage of Electronic Health Records Software

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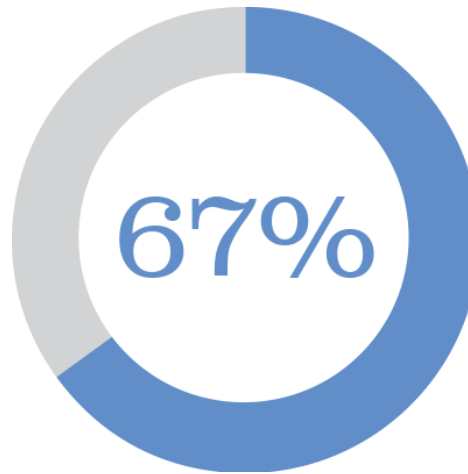
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Pharmacies

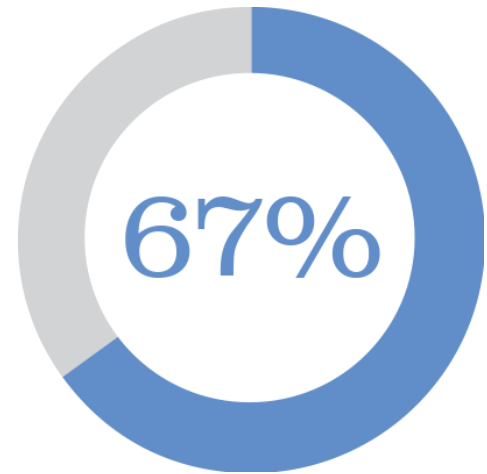
Percentage of Pharmacy market committed to implementing ePA, and status as of Q1 2015



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Drug Store News; Drug Channels

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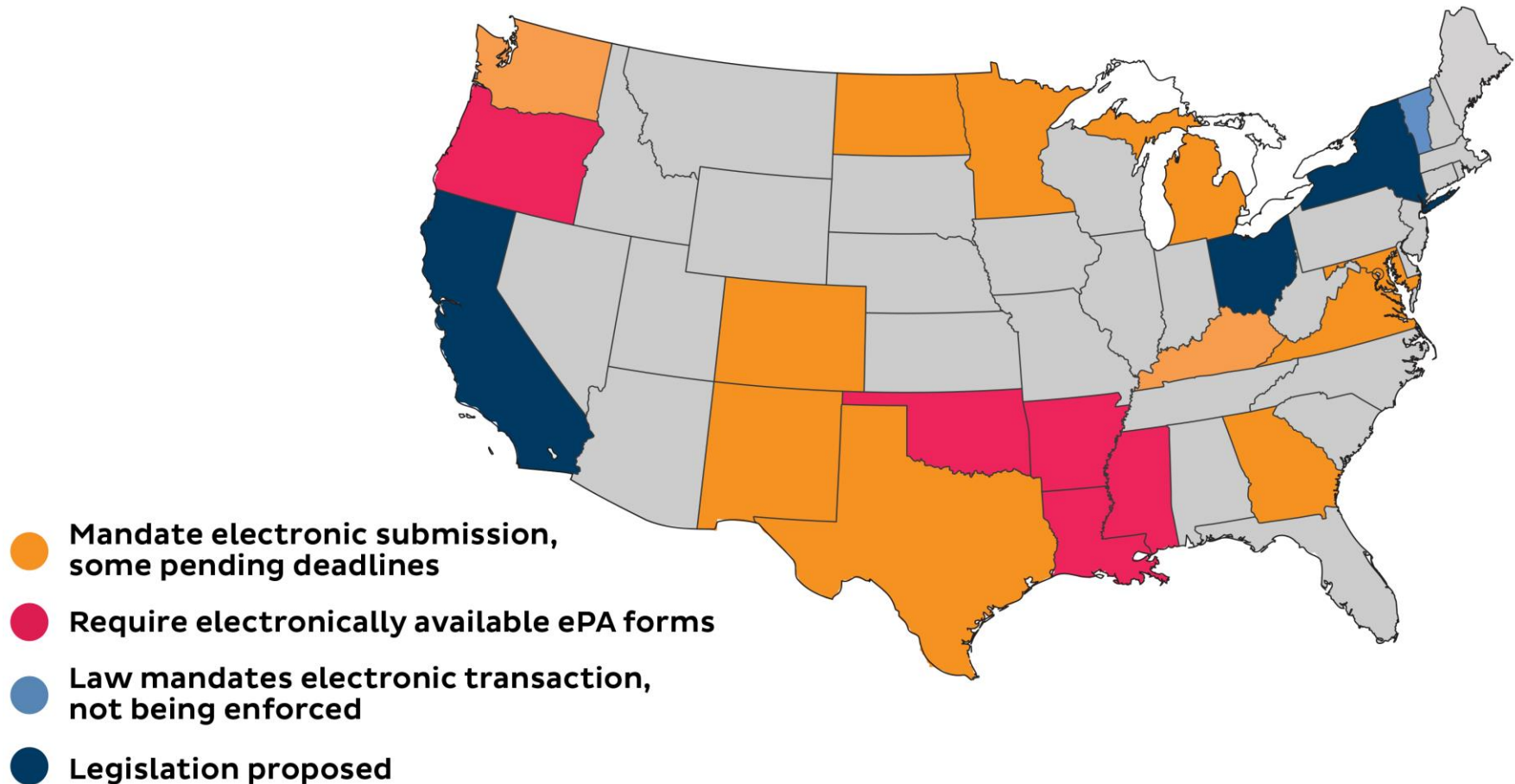
Key Success Indicators

Plan Compatibility



ePA solutions will see greatest adoption when they are a “one-stop shop” to allow prior authorizations to be submitted to any plan. Early participants have found that prescriber adoption is dependent upon the ePA process becoming a consistent workflow for handling all prescriptions-not just those for a few payers.

ePA Legislation by State



Adapted from Point-of-Care Partners

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ePA Legislative Landscape

Ohio SB129: Stipulates a prior authorization form be adopted, accept prior authorization through a secure electronic format and 48 hour approvals

CA SB 282: authorizes the use of NCPDP SCRIPT standards as an option other than a universal form

VA SB 1262: bill stops short of mandating ePA utilizing NCPDP SCRIPT Standard—moved fast and signed by Governor

NY SB 604: introduces vague proposed language that allows for a prior authorization and step therapy and approve electronically on the day is issued but fall short on details on achievement or standards.

NY SB4721 & AB 6983: request for a utilization review prescription drug coverage.



BEGIN...

...with the END *in mind!*

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At the Point of Care

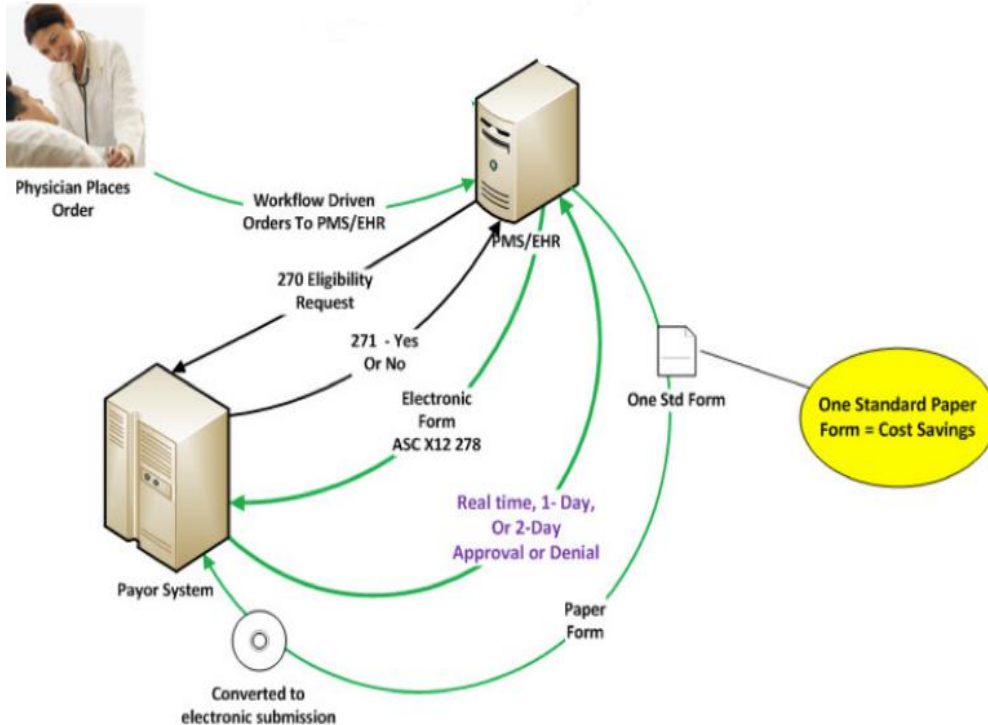


Physician Places
Order

Process starts with the
Physician delivering care

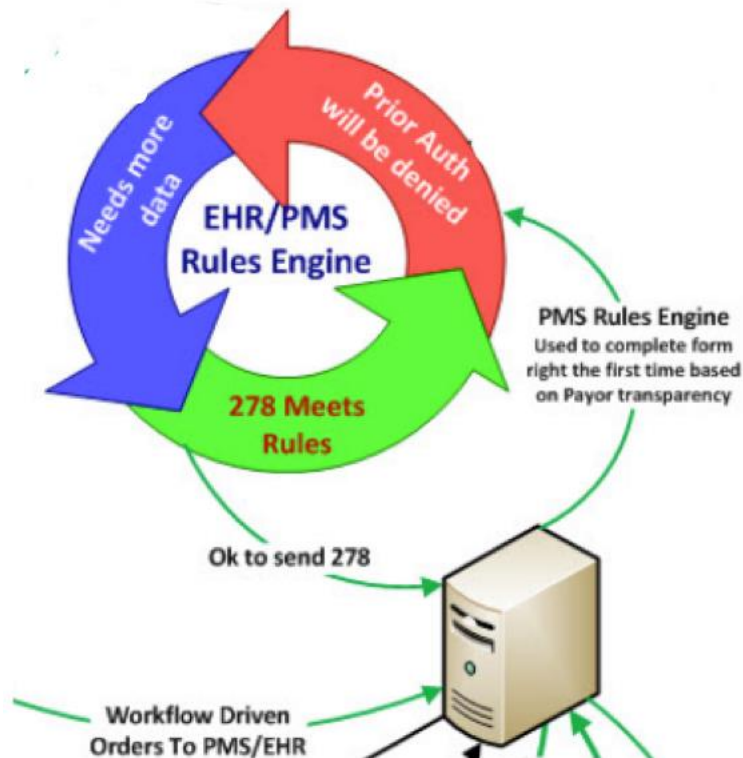
- What is good
 - ✓ Point of Care CDS
- What is needed to sustain ePA
 - ✓ Less interruption at the point of care

The Back-end



- What is good
 - ✓ Communication with the payer or PBM
- What is needed to sustain ePA
 - ✓ Other EHR data
 - FHIR
 - PDMP integration
 - Pharmacy integration
 - Real-time 1 or 2 Day approval or denial?
 - ✓ 1-2 second needed
 - One standard form?
 - ✓ Standard set of criteria

Rules engine



- What is good
 - Concept of rules engine
- What is needed to sustain ePA
 - KE skills of rule set development & maintenance
 - Fanatical adherence to standardized terminology
 - Best question is one not needed to ask
 - Questions to clear up ambiguity

Independent Transparent Criteria

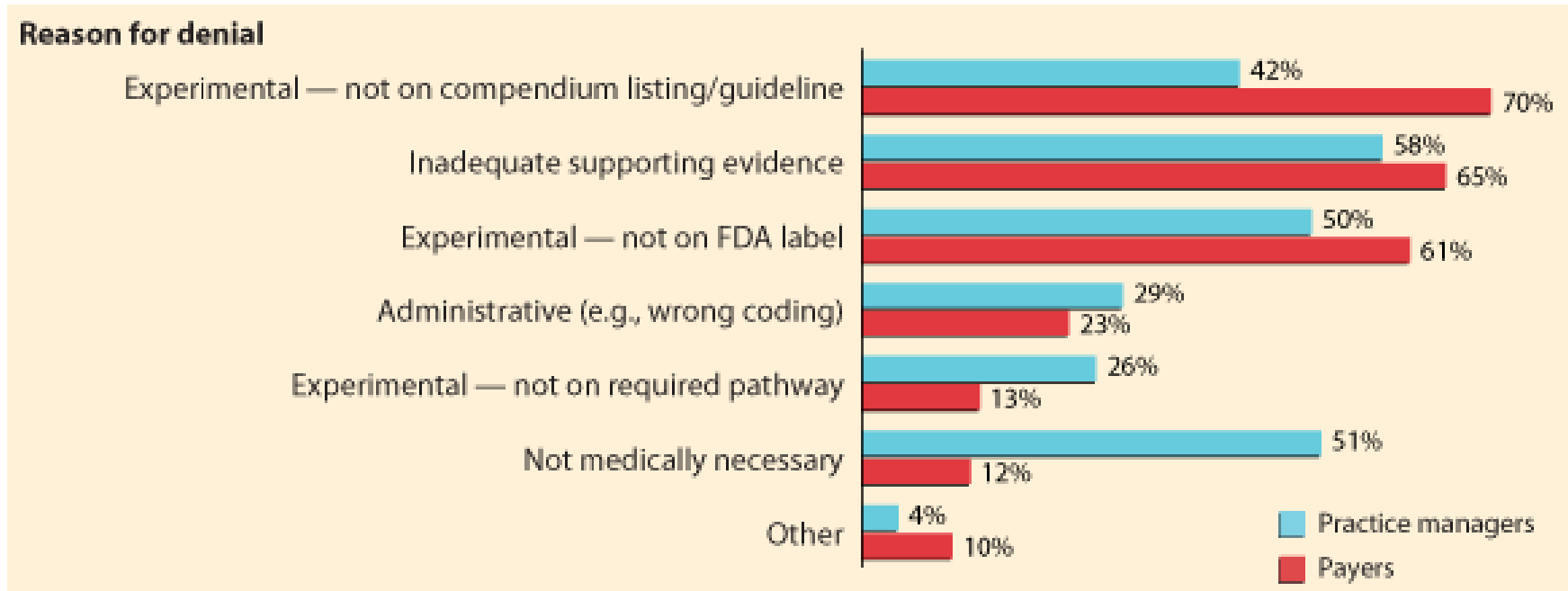
Payor transparency allows
workflow automation of
prior authorizations

- What is good
 - ✓ Transparency
- What is needed to sustain ePA
 - ✓ More transparency
 - ✓ Better transparency
 - ✓ Independent evidence-based criteria
 - ✓ Medical <-> Pharmacy data

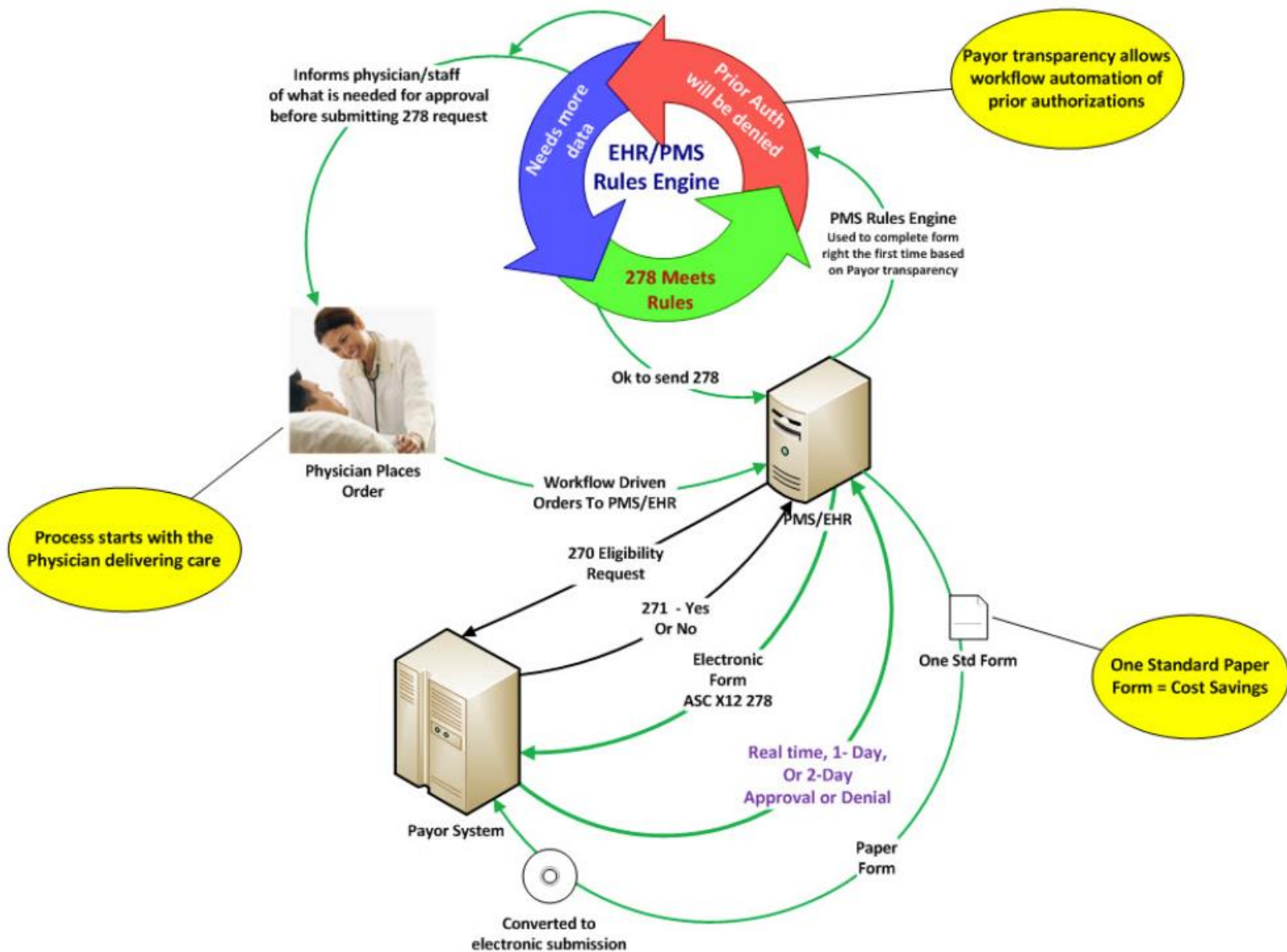


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Why independent evidence is needed



<http://www.managedcaremag.com/archives/1109/1109.medmgmt.html>



Summary of Future State Needs for Sustainability

- Less, not more, POC interruptions
- Interoperability with more sources
 - ✓ Other EHRs, PHRs
 - ✓ PDMPs, RxIS
 - ✓ Sub-second, not days
- Knowledge Engineering of complex rules engines
- Terminology, Terminology, Terminology
- Sunshine is the best disinfectant

Future State Thoughts

- Medical and pharmacy benefits will continue to merge
- Different processes will not fly
- One future state for all PAs will succeed

Post-Test Question #1

1. Step therapy determinations can best be determined by:
 - a) Asking the provider in checklist on a form
 - b) Checking with the patient
 - c) Querying the electronic health record
 - d) Calling up the patient profile in the Prescription Drug Management Program

Post-Test Answer #1

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Post-Test Question #2

2. Other than health plan formulary restrictions what are the main contributing factors in the increase in the amount of prior authorizations throughout the US?

- a) Advances in clinical performance measures
- b) Biotechnology advancements and their costs associated
- c) Specialty products being developed more frequently.
- d) All of the above

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Post-Test Question #3

3. Retrospective ePA is the process when:
- a) A pharmacist adjudicates the prescription, receives a rejection PA is needed and the pharmacy begins the PA process
 - b) The physician, health plan/PBM processes PA prior to prescription being ePrescribed or patient takes to pharmacy
 - c) A patient returns to the pharmacy and demands a different color medication
 - d) A and B

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Post-Test Answer #3

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Post-Test Question #4

4. Prior authorization processes are cost intensive for which of the following segments:
- a) Pharmaceutical manufacturers
 - b) Pharmacies
 - c) Health Plans/PBM's
 - d) All of the above

Post-Test Answer #4

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 - b) Pharmacies
 - c) Health Plans/PBM's
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Post-Test Question #5

5. State legislators and regulators are all aware of NCPDP Script Standards?

- a) True
- b) False

Post-Test Answer #5

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a) True

b) False

Q&A: Sustainable Solutions and the Road Ahead

To access the ACPE Evaluation Form to submit for Continuing Pharmacy Education (CPE) credit for Pharmacists and Pharmacy Technicians:

Text: NCPDP to 878787

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