Perspectives and Updates on
Health Care Information Technology

Biopharma Insights

HIT Perspectives

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Point-of-Care Partners helps Life Science and Biopharmaceutical companies develop EHR and Health IT strategies to increase product adoption, drive growth, and help their healthcare customers succeed in the world of value based care.

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1 Part 1: The Electronic Health Record: A Valuable Tool for Brand Teams

By **Brian Bamberger,** *Life Sciences Practice Lead*

Pharmaceutical companies and their brand teams are always looking for new ways to communicate with physicians at the point of care. They should help physicians recognize electronic health records (EHRs) as being more than just digital workflows for electronic prescribing (ePrescribing) and patient care. Some 80% of ambulatory physicians now have EHRs, which present a ready-made vehicle for brand teams to promote their products and place their brand services at physicians' fingertips. Here are four opportunities.

1. **Promoting new-to-practice brands.** A brand that is new to a practice (compared to a new product) may be overlooked by a physician during a patient office visit

Brand teams can help by providing product-specific information for the EHR to ensure that it is available – and accurate – for use with future prescriptions.

because the EHR steers the prescriber toward medications that have been prescribed previously. With a new-to-practice medication, the system is unfamiliar with the product. This means the EHR needs to "remember" the medication so it will be front and center when the physician starts to consider patient treatment options. Adding such a drug to a prescriber's "favorites list" in the EHR's ePrescribing module takes care of the problem and promotes use of the product.

2. Overcoming barriers. Brand teams can help physicians who are using a drug for the first time to overcome obstacles, which could serve as a barrier to adoption. For example, it may be frustrating for health care professionals to prescribe nontablet formulations for the first time. These include drugs that are injected, inhaled or delivered in ointment form. Starting doses, prescription quantities and other relevant information might not be available in the ePrescribing module. Brand teams can help by providing product-specific information for the EHR to ensure that it is available — and accurate — for use with future prescriptions. Ease of ePrescribing helps ensure ease of prescriber acceptance and use.

3. Gaining new patients. Physicians tend to use a small subset of functions available in their EHR and may not be familiar with all the tools that exist and how they can be used. Brand teams can assist practices in leveraging features of EHRs to identify new patients — especially for brands in new therapeutic areas. Physicians can use EHRs to run reports that will help identify patients

meeting qualifications for a particular therapy. The brand team can help by providing the parameters for a drug's use, which are likely to be unfamiliar to the prescriber, and the criteria that need to be added to the practice's EHRs. The team also could create resources to assist physicians and practice staff in establishing criteria to run a report of patients who qualify for a product that is new to the practice. In some cases, these reports will reveal untreated patients having a gap in care that can then be addressed.

4. Identifying patients needing treatments or alternatives. Prescribers also can use EHRs to identify patients requiring treatment for a particular condition or those already on a treatment that is not working well who may need to be put on an alternative medication. Using EHR-based patient surveys and screening tools can help a practice identify patients who have not improved or are at a point where treatment intensification is required. Brand teams can work with physicians to take advantage of these features in their EHRs, which can help them improve the quality of care they provide as well as meet their quality targets for shared reimbursement and other value-based payment programs.

Pharmaceutical brand teams should be adding an EHR strategy to complement those for print, Web and digital. EHRs can be an important vehicle for supporting brands while enriching prescriber relationships. *To learn more, contact me at brian.bamberger@pocp.com or (877) 312-7627, extension 2.* ●

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2 **Part 2:** Interoperability and Standards Will Be Areas of Focus Through Year End

By *Michael Burger,* **Senior Consultant**

While there are many uncertainties in health care, interoperability and standards will undoubtedly be areas of focus through the end of the year. Everyone wants and needs health information technology (health IT) to be, well, more interoperable and useful. To that end, work will continue on refining existing standards to address interoperability challenges. That work includes federal policies and ongoing efforts by standards development organizations (SDOs) and electronic health record (EHR) vendors.

Federal policies. The Office of the National Coordinator for Health IT (ONC) will be active in this area. Although its fiscal year 2018 budget is likely to be considerably smaller than in previous years, the agency says it is committed to interoperability and standards as main areas of emphasis. As part of that commitment, ONC is putting the finishing touches on its **Proposed Interoperability Standards Measurement Framework,** the final document for which will be issued this fall. Results will inform the agency's **Interoperability Standards Advisory** and updates to its Health IT Certification Program.

The newly created **Health Information Technology Advisory Committee** will also be influential with regard to standards and interoperability. This committee will soon convene for the first time and it's pretty much a given that its recommendations to ONC will be translated into rule making and policy.

Industry Progress. The next few months also should see continued progress by SDOs in refining standards for interoperability with a focus on practical use cases by vendors.

One example is FHIR (Fast Health Interoperability Resources), which is one of the newest standards from Health Level 7 (HL7). Vendors are beginning to embrace the most recent iteration of the standard for various clinical use cases and FHIR is being used to extract relevant clinical data from EHRs. The goal is to facilitate data sharing among physicians, hospitals and payers, which in turn will improve patient care, enhance public health and hold down costs.

Also, the National Council for Prescription Drug Programs (NCPDP) is refining the SCRIPT standard to facilitate the transition to electronic prescribing of specialty medications. Today, specialty prescribing is largely a manual process, which isn't easily adapted to existing electronic prescribing workflows. An NCPDP task group is looking at ways in which new data elements could be added to the SCRIPT standard to handle enrollment for specialty medications, which accompanies the prior authorization that is required for nearly all such medications. The goal is to enable enrollment and electronic prior authorization (ePA) for specialty medications. Changes to the standard will enhance the ePA functionality, which EHR vendors have already built for non-specialty medications. (For more information on automating specialty enrollment, see the article in this issue of HIT Perspectives.)

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Challenges. There are still obstacles that must be overcome to move health IT interoperability down the field. Three come to mind:

1. **Lack of a national patient identifier.** One of the biggest interoperability challenges is the lack of a national patient identifier (for a primer on the issue, **see the article** in the November 2016 issue of HIT Perspectives). Currently, there is no single way to identify individual patients within and across the health care system. While industry solutions are being developed, they are one-offs that are not totally standards based. True interoperability cannot be achieved unless this problem is solved.

2. **Business Models.** A second significant challenge is the lack of focus on the business model underlying health care delivery. Interoperability is not so much a technology challenge as a business one. The competitive nature of the business of health care delivery is primarily what prohibits the exchange of clinical information — competitors don't want to make it easy for patients to seek care outside of their networks. Making access to clinical data a cumbersome process is a compelling reason for patients to stay in network. It is a convenient red herring to point the finger at the "evil" EHR vendors for colluding to prevent systems from talking to one another, but the real issue is supply and demand. When there is demand among customers to connect systems, software vendors respond by building and selling connectivity solutions. The most successful of these solutions rely on standards that have been created and vetted through SDOs.

3. **Variations in Standards Implementation.** Other interoperability challenges are created by variations in how standards are used in application program interfaces (APIs) with EHRs. Sometimes these APIs rely on technology that is not standardized, thus adding to the complexity and inconsistency in how data are exchanged among EHR platforms. The goal of using standards to achieve interoperability can only be met when standards are interpreted, implemented and used consistently. The use of APIs is required under both the 21st Century Cures Act and the Medicare Access and CHIP Reauthorization Act (MACRA), which will accelerate the use of APIs and possibly exacerbate interoperability challenges. ●

The Point-of-Care Partners team are experts in standards and interoperability. If you are planning for pilots, software optimization or new initiatives, let us know so that we can discuss how POCP can be of assistance. You can reach me at michael.burger@pocp.com.

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3 Part 3: Automating Enrollment for Specialty Prescriptions

By *Jocelyn Keegan,* **Senior Consultant**

Millions of patients require expensive specialty medications. Before they can get these prescriptions filled, they must go through today's complex paper-phone-fax processes for enrollment using a specialty pharmacy or "hub" associated with the drug's manufacturer. Recognizing there must be a better way, the industry is taking steps to automate this process. These efforts build on standards and implementations for electronic prescribing (ePrescribing) as well as complement the work under way to automate other aspects of specialty pharmacy.

Enrollment today. Enrollment today for a specialty medication is a complex, manual process. Specialty pharmacies and hubs gather patient-specific demographic, clinical and other data to support the necessary close supervision and monitoring of the patient; the special handling of the drug that is often required; and various administrative processes, such as eligibility and payment. This primarily is done manually with paper forms, which lack consistency and stan-

dardization in the data elements required by either the specialty pharmacy or manufacturer. Information is gathered and shared by phone and fax. This creates time-consuming, frustrating, expensive, uncompensated work for a provider. Automating the process is expected to eliminate such issues as well as integrate enrollment into the electronic workflow of providers and pharmacies.

Currently, there are some business-to-business solutions that are filling this gap in lieu of having standards. Such proprietary solutions are valuable in the short term but, candidly, can be difficult to scale. They can also make it difficult for specialty pharmacies to be interoperable with the standards-based infrastructure used for ePrescribing.

Opportunities. While automating the specialty prescribing enrollment process is complicated, there are opportunities to accelerate the process. Many are already under way, including:

- Eliminating standards gaps. Stakeholders are coming together to identify additional or enhanced standards to support enrollment and other aspects of specialty pharmacy automation. Two standards development organizations are very active: Health Level 7 (HL7) and the National Council for Prescription Drug Programs (NCPDP).

  HL7's FHIR (Fast Healthcare Interoperability Resources) is likely to become the standard of choice to extract relevant patient administrative and clinical data from electronic health records. NCPDP is addressing the transition to electronic specialty prescribing through its Specialty Electronic Prescribing Task Group. It is looking into ways in which new data elements useful in the enrollment process can be incorporated in the SCRIPT standard. These include, for example, additional patient contact and demographic information, diagnosis, lab values, height and weight.

- Building on ePrescribing. Now that ePrescribing is the norm for most other medications, it increasingly is being viewed as a solution to reduce the costs and administrative burdens associated with specialty prescribing. Two ePrescribing transactions are particularly well suited to the requirements of specialty prescribing.

  1. Electronic prior authorization. Through use of the electronic prior authorization standard (ePA) in NCPDP SCRIPT, prospective PA has been automated for ePrescribing and is being adopted nationwide. It can help facilitate PAs that are needed for many specialty medications and get them approved more quickly. This reduces speed to therapy and expensive overhead for pharmacies and physician practices. Use of ePA for spe-

cialty medications also is expected to reduce extensive outlays by pharmaceutical companies for administrative assistance for prescribers and patients.

  2. Real-time benefit inquiry. There currently is no clear way for pharmacies and hubs to identify plans as well as formulary and benefits associated with individual patients. In addition, specialty drugs are often split across medical and pharmacy benefit plans, making it difficult and time consuming to figure out who pays. While benefit verification is being done retrospectively, an NCPDP Task Group is working to identify options to support a real-time benefit inquiry (RTBI). RTBI's value lies in its potential for providing real-time, patient-specific formulary and benefit information at the point of prescribing or enrollment. This includes patient-specific condition management programs (such as PA and step therapy), true out-of-pocket costs for a medication (specific co-pay/coinsurance amount) and specific deductible information.

- Demonstration projects. The ability of the industry to sponsor demonstration projects will yield realistic understanding of potential use cases and needed standards; priorities for tackling challenges; and creation of support from organizations to drive collaborative standards efforts. There is a need to move the ball down the field by helping stakeholders better understand the value of automating specialty pharmacy transactions. ●

Point-of-Care Partners is heavily involved in laying the groundwork for automating specialty prescribing. The NCPDP Task Group for Specialty Prescribing is chaired by our own Pooja Babbrah and a colleague, Laura Topor. For more information and a sense of the landscape, feel free to contact me (jocelyn.keegan@pocp.com) or Pooja Babbrah (pooja.babbrah@pocp.com).

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