

# DARE *TO* DISRUPT



Prescription Abandonment is Real and  
Disrupts Patient Care – Real-Time Benefit Check  
is an Impactful Health Care Game Changer

# Your Speakers Today



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Point-of-Care Partners

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# Learning Objectives

- Explain what providers are looking for in a reliable RTBC solution
- Explain what patient sentiment is around transparency at the point of prescribing
- Discover the near, mid and long-term goals of RTBC for payers
- Explore the various implementation models available and their current functionality
- Discuss what the industry can do to achieve provider adoption of RTBC across the board



# Agenda

- Real-Time Benefit Check (RTBC) Overview, Background and Drivers
- RTBC Patient Story
- Provider and Patient Impact: Report Findings
- Pharma, Pharmacy & Payer Impact
- RTBC Implementation Models & Industry Landscape
- RTBC Case Study

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## **Real-Time Benefit Check: Overview, Background and Drivers**

Tony Schueth | Point-of-Care Partners



# Real-Time Benefit Check (RTBC)

**Real-time benefit check (RTBC) surfaces prescription benefit details,** enabling a provider to have a discussion with their patient about the most clinically appropriate and affordable medication so the patient is less likely to be surprised at the pharmacy and more likely to remain adherent.



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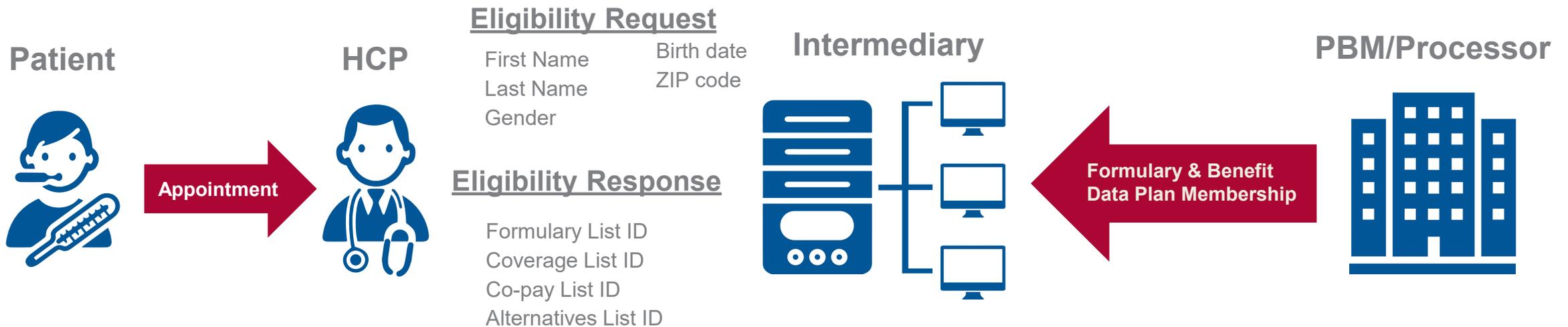


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# RTBC Addresses Deficiencies in Current Formulary & Benefits

Challenges with accuracy of current Formulary & Benefit data led to a search for a better solution

- Formulary data is based on “Plan-” or “Group”-level; not patient specific
- Prior Authorization flag often missing or inaccurate
- Formulary tier/preferred level often not accurately displayed for HCP
- Issue is payer providing the data, not the standard



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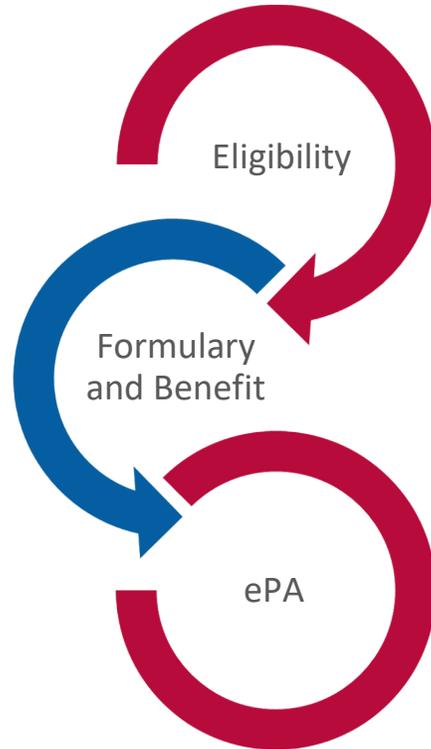
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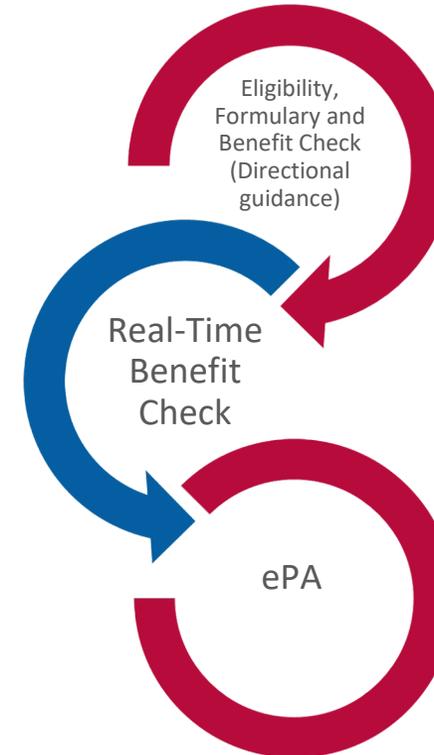
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# ePrescribing Process Workflow

Traditional eRx Workflow



Revised eRx Workflow with RTBC



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# RTBC Provides Patient Specific Benefit Information

Real-Time Benefit Check (RTBC) provides patient specific benefit information, improving transparency and ensuring accurate display of tier/preferred information to health care professionals (HCPs)

| Formulary status       | Tier or Preferred Level                                       |
|------------------------|---|
| <b>Coverage alerts</b> | Age & Quantity Limits, Prior Authorization (PA), Step Therapy |
| Channel options        | Retail, Mail Order, Specialty                                 |
| <b>Member Price</b>    | Member Copay and Cost Sharing Details                         |
| Alternative drugs      | Preferred Formulary/ Lower Cost Options                       |

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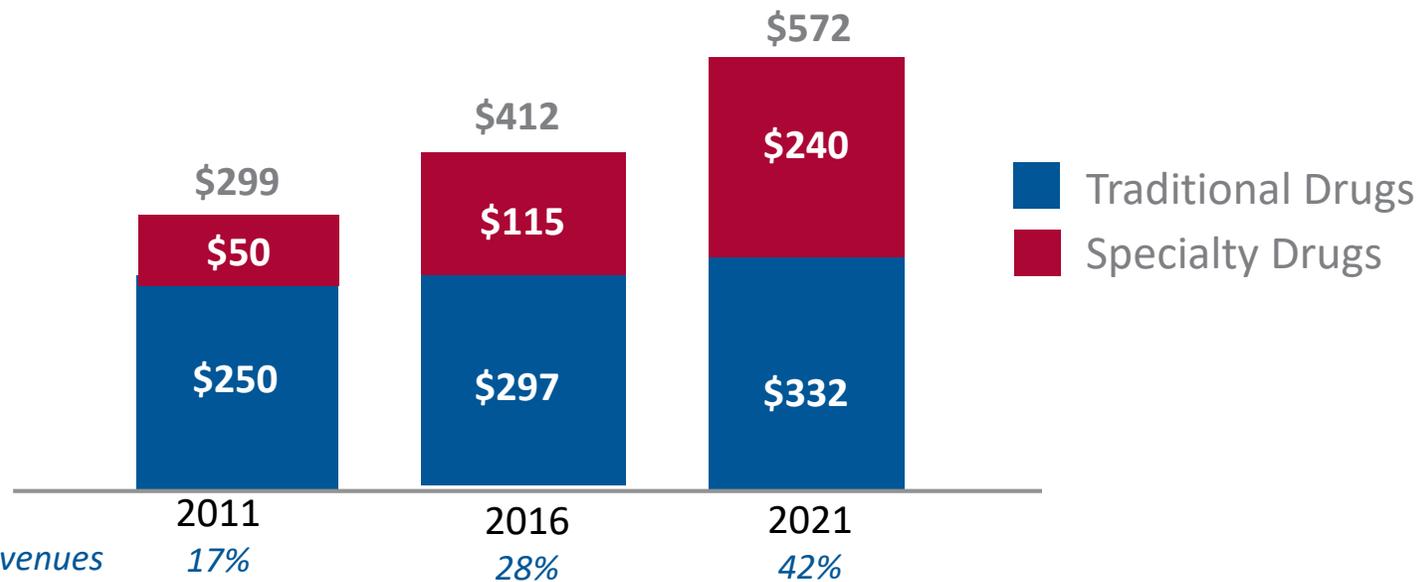


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# Critical Problems Driving RTBC

## Growth in High Cost Drugs

Pharmacy Industry Revenues, Traditional vs. Specialty Drugs, 2011-2021



*Specialty as % of Pharmacy Industry Revenues*

(Figures in billions. Data include retail, mail, long-term care and specialty pharmacies. Totals may not sum due to rounding.)

Source: Pembroke Consulting estimates

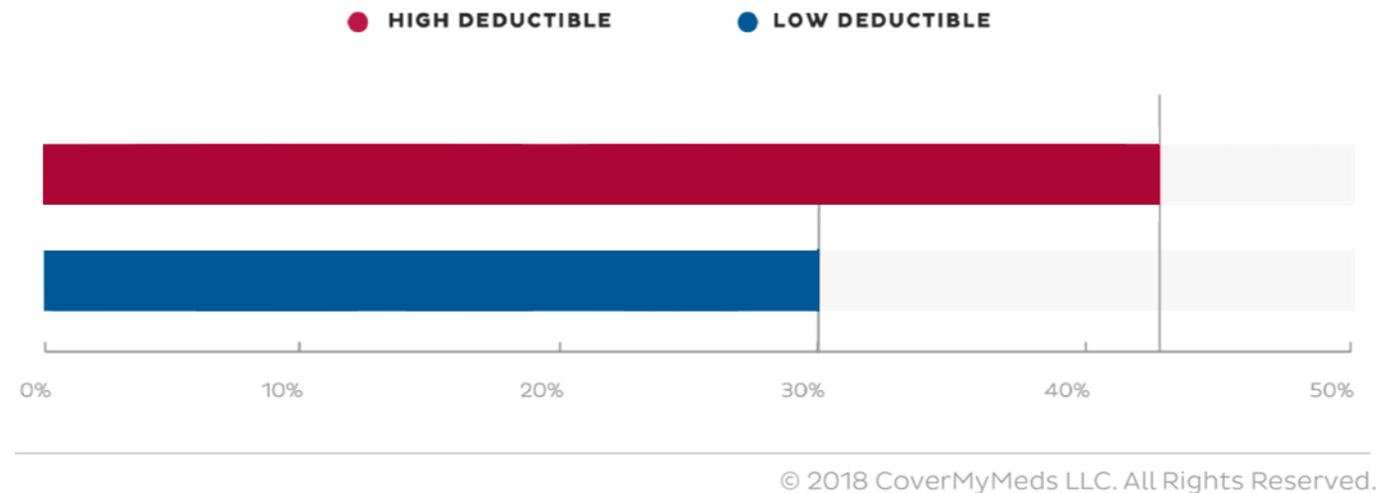
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# The Rising Trend of High Deductibles

The Centers for Disease Control and Prevention reports that **high-deductible plans increased from 25.5% in 2011 to 43.2% in 2017**, resulting in patients being required to pay more for their medication on the way to meeting that deductible for themselves or their family.<sup>1</sup>



1: Haefner, Morgan. "CDC: Nearly 40% of US Adults Have High-Deductible Health Plans." Becker's Hospital Review, [www.beckershospitalreview.com/payer-issues/cdc-nearly-40-of-us-adults-have-high-deductible-health-plans.html](http://www.beckershospitalreview.com/payer-issues/cdc-nearly-40-of-us-adults-have-high-deductible-health-plans.html)

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# Critical Problems Driving RTBC

## Lack of Price Transparency

### CURRENT STATE

**Drugs are prescribed with limited knowledge of costs.**

Pharmacists know more about drug costs than prescribers

**Prescribers want to know drug costs.**

Improved patient adherence & reduces pharmacy call backs

**When prescribers see drug costs and options, they respond.**

Lowers drug copays & lowers total cost when the prescriber is "at-risk" for pharmacy spend

**Drug costs are variable & dynamic based on coverage.**

Plan and patient-specific coverage are key drivers; therapeutic alternatives exist

Medication Cost Transparency – How Standards And Innovation Are Driving Enhanced Prescribing Experience And Outcomes, HiMSS, NCPDP, Surescripts, October 9, 2018

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# Federal Legislative Drivers



***Electronic Prior Authorization***  
Mandatory ePA in Medicare,  
Medicaid and State Legislation

**Support for Patients and Communities Act**  
*Effective 1/1/2021*

**Mandates and incentives for state  
Prescription Drug Monitoring Programs for  
Controlled Substances**



***Real-Time  
Benefit Check***  
Medicare Part D Plans Required  
to have RTBC in EHR workflow

**Indications-Based Formulary Design**  
*Effective CY2020*

**Modernizing Part D and Medicare  
Advantage To Lower Drug Prices and Reduce  
Out-of-Pocket Expenses**  
*Proposed Effective 1/1/2020*

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# Real-Time Benefit Check: The Patient Story

Miranda Gill | CoverMyMeds

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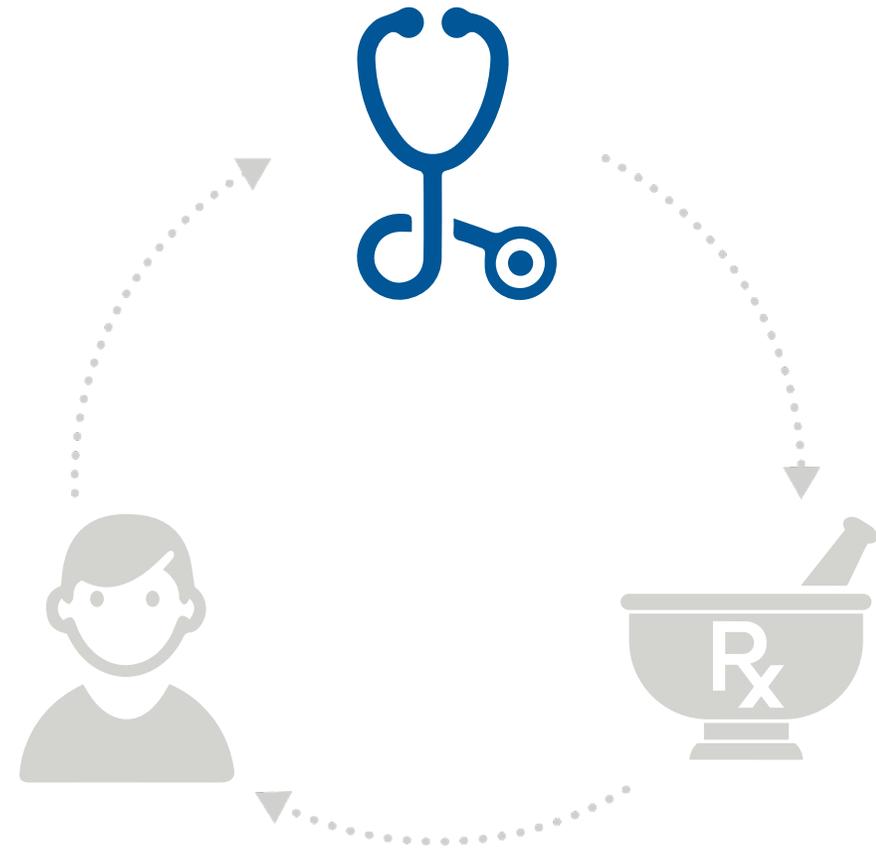


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# A Patient Story...

## Provider

- Formulary Indicates “Not Covered”
- No Cost Information
- Unsure of what will happen at pharmacy



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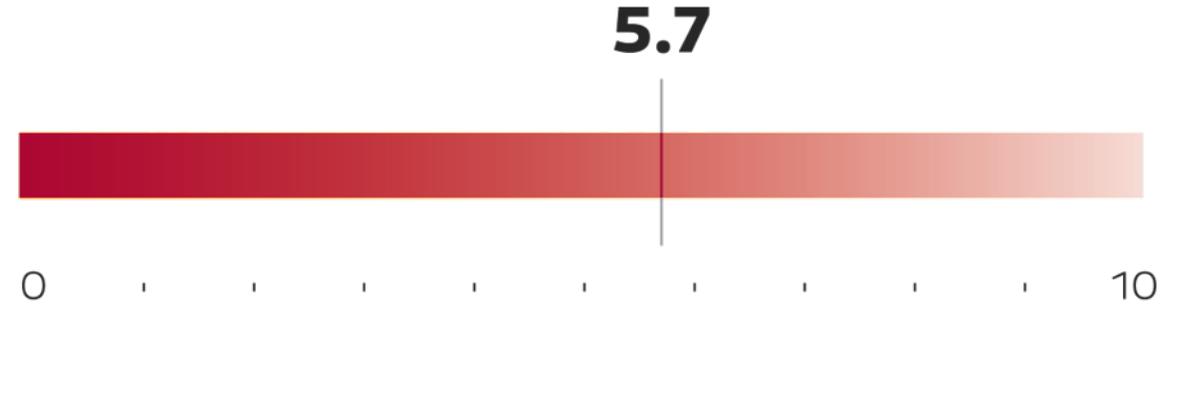


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# A Lack of Price Transparency

At the point of prescribing, formulary and benefit (F&B) coverage information, patient assistance, pharmacy cost and cash price options — among other cost-contributing factors — are rarely available.

**Providers who currently have access to formulary and benefit information in their EHR have an average trust rating of only 5.7/10.<sup>4</sup>**



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4: CoverMyMeds Provider Survey, 2018 © 2019 CoverMyMeds LLC. All Rights Reserved.

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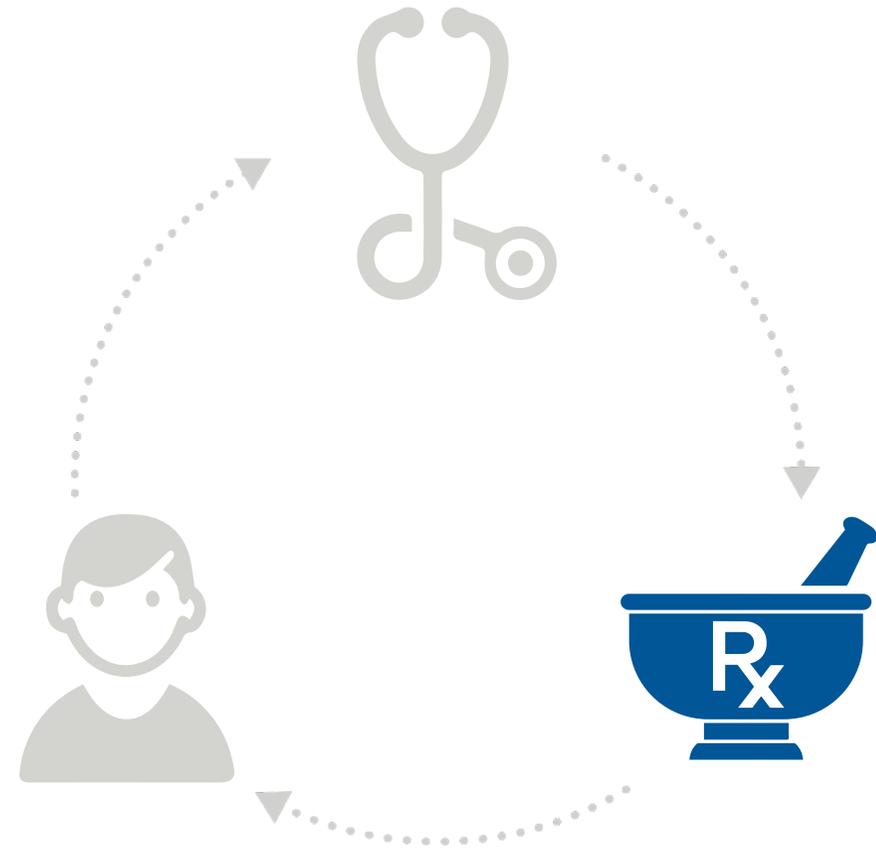


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# A Patient Story...

## Pharmacy

- Can't fill the prescription
- Requires Prior Authorization
- High cash price



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# A Lack of Price Transparency Leads to Sticker Shock

75% of patients report they have received a prescription that cost more than they expected.<sup>3</sup>



3: CoverMyMeds Patient Survey, 2018

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# A Patient Story...

## Patient

- Can't afford the cash price
- Do you have samples or coupons?
- Doesn't want to call/can't reach the provider
- Wants to go home



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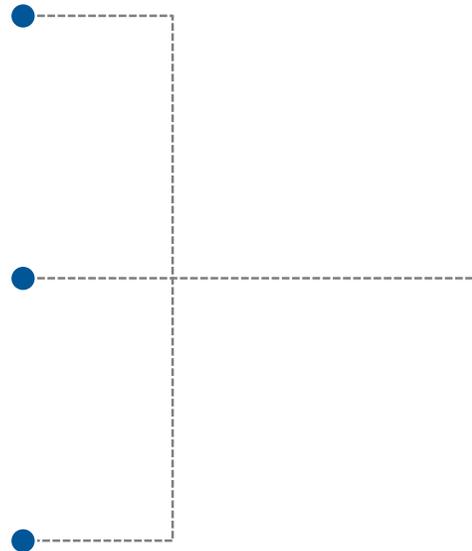
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# Cost: The Primary Predictor of Abandonment

**75%** of patients report they have received a prescription that cost more than they expected

**50%** of patients have chosen not to fill a prescription because it costs too much

**63%** of patients have stopped taking a prescription because it is too expensive



## \$289 Billion

Additional costs to U.S. healthcare due to Rx non-adherence<sup>2</sup>

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<sup>2</sup>: Brody, Jane E. "The Cost of Not Taking Your Medicine." The New York Times, The New York Times, 17 Apr. 2017, [www.nytimes.com/2017/04/17/well/the-cost-of-not-taking-your-medicine.html](http://www.nytimes.com/2017/04/17/well/the-cost-of-not-taking-your-medicine.html)

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## Provider and Patient Sentiment

Miranda Gill | CoverMyMeds

# Patients Wish Providers Had More Price Insight



The majority of patients do not expect a provider to know the cost of medication; however, **87% of patients surveyed indicate it would be valuable to them if their provider knows the cost of the medication they intend to prescribe.**<sup>3</sup>

3: CoverMyMeds Patient Survey, 2018

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# Out-Of-Pocket Costs are a Burden on Patients



**46% of patients surveyed on high-deductible plans stated that the cost of medication is a burden.<sup>3</sup>**

That same percentage say they price-shop at multiple pharmacies, potentially delaying therapy.

Providers report discussing cost with their patients when they realize the medication may cost the patient more than \$50.<sup>4</sup>

3: CoverMyMeds Patient Survey, 2018 4:CoverMyMeds Provider Survey 2018 © 2019 CoverMyMeds LLC. All Rights Reserved.

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# Providers Understand Potential Impact of RTBC

**86% of providers surveyed stated that a reliable RTBC solution would benefit their patients** and assist them in making more informed decisions when it comes to treatment.<sup>4</sup>



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## Pharmacy, Pharma, Payer Impact

Tony Schueth | Point-of-Care Partners





# Pharmacy Availability

The value of RTBC to promote patient adherence and care is being recognized by pharmacies. **Currently, at least 45 percent of pharmacies by market share are partnered with an RTBC solution.<sup>5</sup>**

Real-time benefit check solutions that leverage pharmacy connections have the ability to provide patient pay information that goes beyond insurance coverage alone.

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# Drivers for Pharmacy Participation



Rising out-of-pocket drug costs and sticker shock at the pharmacy lead to patients abandoning therapies.<sup>3,6</sup> Even with insurance, **43.4 percent of patients covered by high-deductible plans can have difficulty affording medications until reaching the deductible.**<sup>7,8,9</sup>

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# Barriers for Participation

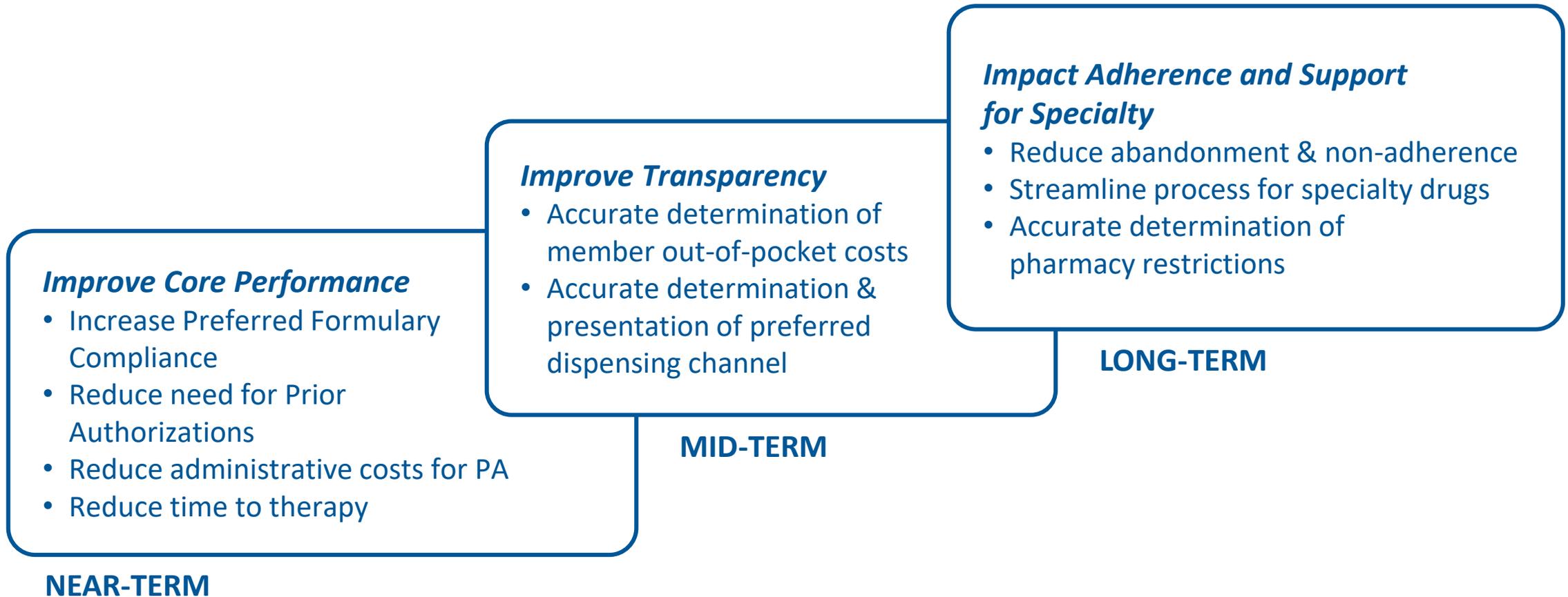
**73 percent of chain pharmacists reported lack of bandwidth as a major barrier to providing patient care** – keeping them from engaging with patients on clinical services such as vaccination administration and preventive clinical-care screenings.

According to the survey results, pharmacists spend only 10 percent of their time on average counseling patients.<sup>10</sup>



# Value of RTBC to Payers/PBMs

Three Horizons of Increasing Value of RTBC



11. Point-of-Care Partners Primary Research, *Real-Time Pharmacy Benefit Check: The Payer Value Proposition*

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# RTBC Impact to Manufacturers

## POSITIVES

- Payer information and tools at the point-of-care increases 1st fill rates, compliance and speeds time-to-therapy
- Prescriber will have information needed to discuss prescription with patient
- Messaging for alternatives



- Some alternatives are included in the response
- PA flag can be patient specific and obvious approvals waived
- Retail and mail pharmacy information (some preferred pharmacy but not specialty)
- Limit information regarding patient savings card cost reductions



- Will provide more tools to PBMs to control formulary messaging
- Payer could waive PA when a there is a likelihood of approval but still show the drug as PA



## NEGATIVES

- No pharma copay assistance is noted
- RTBC has a limited view of 'alternatives' to what the PBM chooses not the full class of medications
- Pharmacy benefit products only



- Transaction costs per inquiry which could lead to increased demand of rebates and/or implementation of costly "alternatives" programs
- Dedicated hubs and brand sponsored pharmacies may be removed from consideration with more real time information



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# RTBC Implementation Models & Industry Landscape

Tony Schueth | Point-of-Care Partners

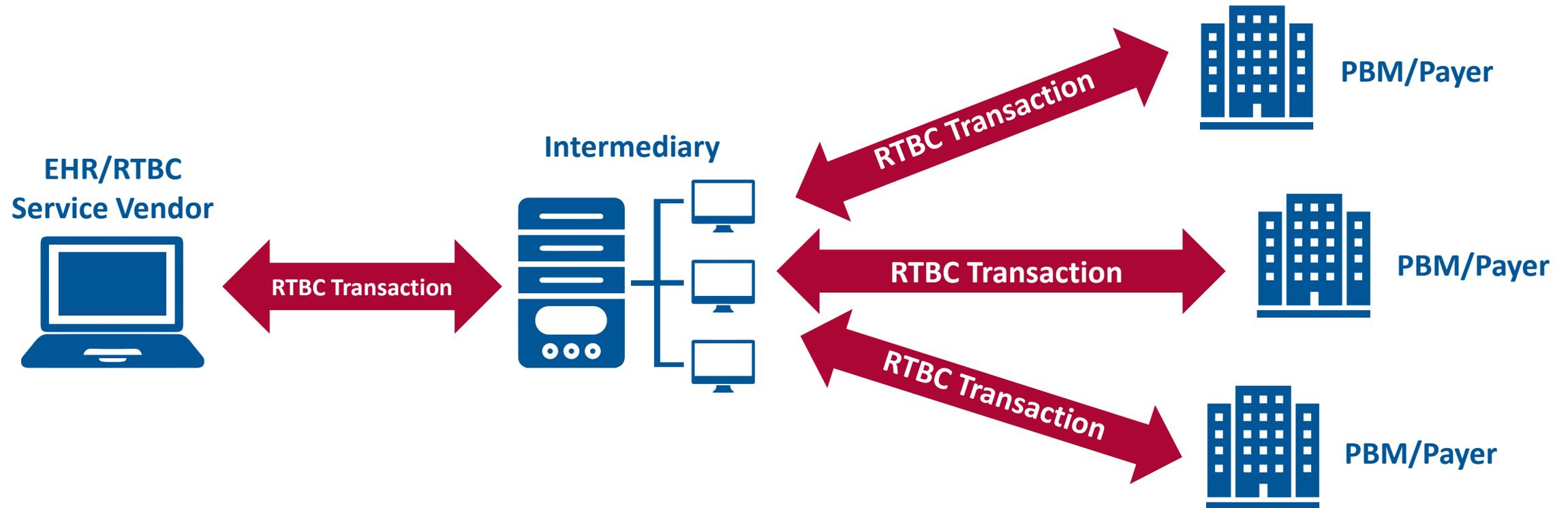
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# RTBC Intermediary Solutions

Intermediaries already have connections to PBMs/Payers for formulary information. The existing connections are used to send and receive an RTBC transaction



Source: Point-of-Care Partners LLC

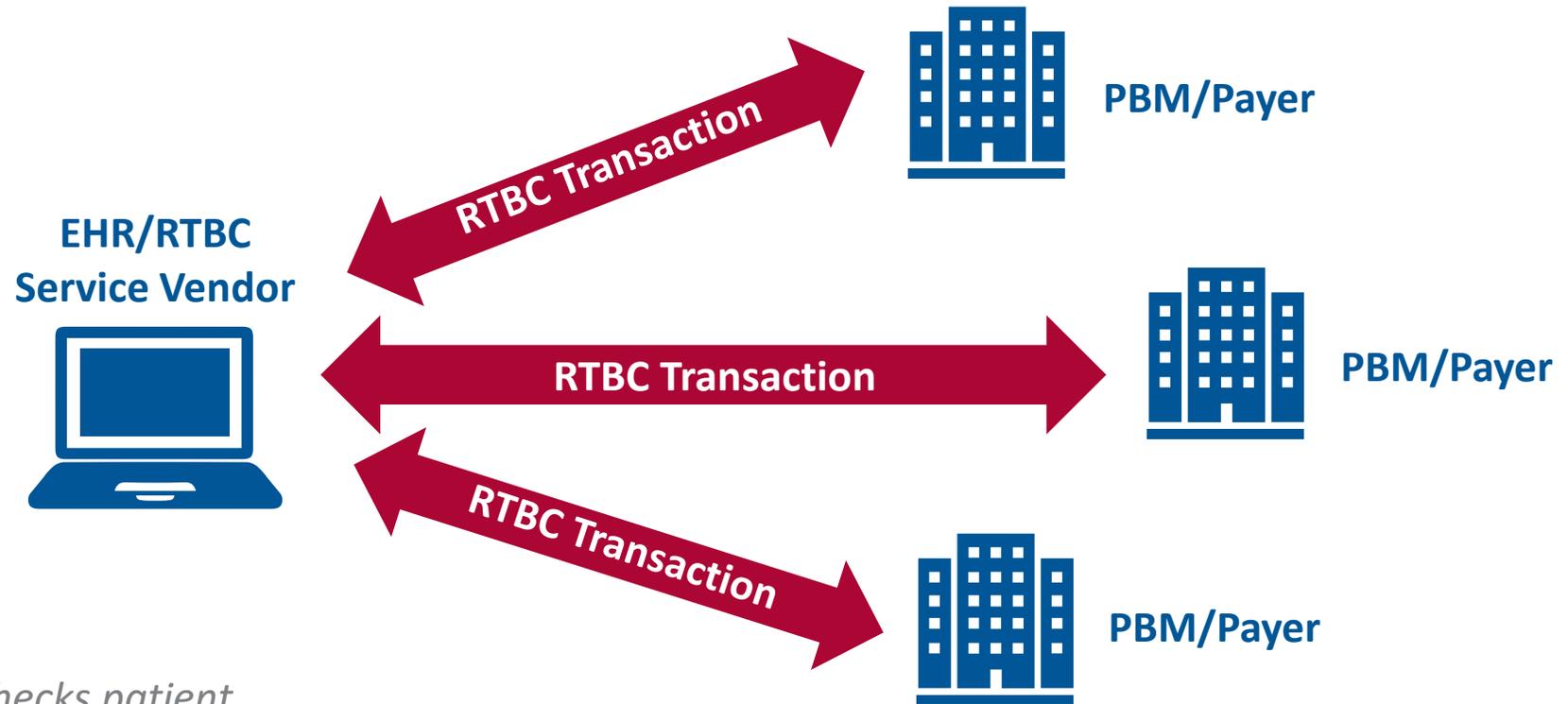
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# RTBC Direct Connection

With a Direct Connection, prescription benefit information comes directly from the PBM/Payer to the EHR or RTBC Service Provider. The EHR/RTBC Service Vendor needs to connect directly to multiple PBMs



*Assumption: Vendor checks patient eligibility to confirm where to send RTBC transaction*

Source: Point-of-Care Partners LLC

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# Functionality by Solution

|          |   | Intermediary Solutions   |   |   | Without Intermediary   |
|----------|---|--|---|---|--|
|          |   | <br>PAYER NETWORK | <br>PHARMACY NETWORK | <br>OPEN NETWORK | <br>EHR-TO-PAYER DIRECT CONNECT |
| Cost     | Cash Price                                  | ○  | ●   | ●   | ○  |
|          | Patient Out-of-Pocket Cost                  | ●  | ●   | ●   | ●  |
|          | Patient Assistance / Affordability Programs | ○  | ●   | ●   | ○  |
| Coverage | Deductible Information                      | ●  | ●   | ●   | ●  |
|          | Alternatives                                | ●  | ●   | ●   | ●  |
|          | PA Required                                 | ●  | ●   | ●   | ●  |
|          | All Payer                                   | ○  | ●   | ●   | ○  |
| Delivery | Mail Order                                  | ●  | ○   | ●   | ●  |
|          | Retail Availability                         | ○  | ●   | ●   | ○  |
| Adoption | All Payer                                   | ○  | ●   | ●   | ○  |
|          | All Pharmacy                                | ●  | ●   | ●   | ●  |

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# RTBC Case Study

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# Case Study

- In March 2018, CoverMyMeds partnered with a leading EHR system to launch an RTBC solution, RxBenefit Clarity.
- >120,000 providers
- RxBenefit Clarity has been used to generate more than 108 million transactions, helping millions of patients make more informed decisions about their prescriptions.



# Arming Providers with Accurate Medication Pricing

RxBenefit Clarity leverages an open network of EHR systems, pharmacies and health plans to collect and validate patient-specific benefit information. This custom patient profile is then used to accurately predict costs that may include the following:

Patient's benefit amount at their pharmacy

Medication alternatives

Cash price outside of insurance and pharmacy generic programs

Prior Authorization Requirements

Manufacturer patient assistance programs

Deductible amounts

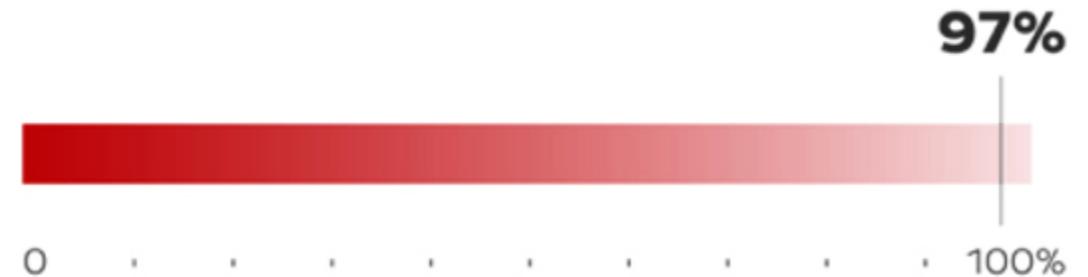
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# Accurate Patient Pay Amount Data

- Patient pay amount returned was 97 percent accurate with RxBenefit Clarity, helping increase providers' confidence when speaking with patient about costs.<sup>1</sup>



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# Actionable Decision Support

- 2.5 million less expensive alternatives were surfaced through RxBenefit Clarity within one EHR in a 9-month timeframe
- Providers ran an average of four transactions during a single patient visit, demonstrating actionable decision-support for patients and providers at the point of prescribing.



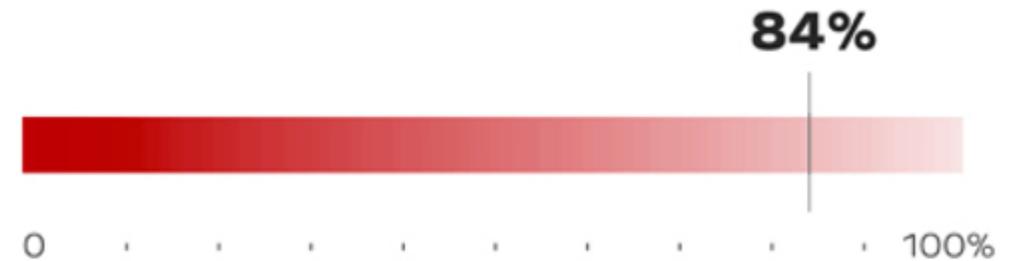
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# Same-Day Pick-up for Patients

84% of prescriptions that showed RxBenefit Clarity details were available for pick-up the same day as prescribed.



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# Improved Patient Medication Adherence

Patients whose providers used RxBenefit Clarity were **19 percent** more adherent to picking up their medications compared to those without it.



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# Sources

1. Haefner, Morgan. "CDC: Nearly 40% of US Adults Have High-Deductible Health Plans." Becker's Hospital Review,
2. "The Cost of Not Taking Your Medicine"
3. CoverMyMeds Patient Survey, 2018
4. CoverMyMeds Provider Survey, 2018
5. CoverMyMeds data on file, 2018
6. "Patient Affordability Part Two", IQVIA, 2018
7. "Patient Affordability Part One", IQVIA, 2018"
8. "2017 Employer Health Benefits Survey", Henry J. Kaiser Family Foundation, 2017
9. "National Center for Health Statistics Data Brief", 2018
10. "AmerisourceBergen Pharmacy Check-Up: Activities and Barriers to Care Analysis", 2018
11. Point-of-Care Partners Primary Research, *Real-Time Pharmacy Benefit Check: The Payer Value Proposition*

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# Post-Test

*followed by Q&A*

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# Post-Test Question #1

1. What are the critical problems driving RTBC?
  - a) Drug are prescribed with limited knowledge of costs.
  - b) Prescribers want to know drug costs.
  - c) Drug costs are variable & dynamic based on coverage.
  - d) All of the above



# Post-Test Answer #1

1. What are the critical problems driving RTBC?
  - a) Drug are prescribed with limited knowledge of costs.
  - b) Prescribers want to know drug costs.
  - c) Drug costs are variable & dynamic based on coverage.
  - d) All of the above**



## Post-Test Question #2

2. What percentage of patients report receiving a prescription that cost more than expected?
- a) 90%
  - b) 75%
  - c) 66%
  - d) 30%



## Post-Test Answer #2

2. What percentage of patients report receiving a prescription that cost more than expected?
- a) 90%
  - b) 75%**
  - c) 66%
  - d) 30%



## Post-Test Question #3

3. What percentage of prescribers feel it would be valuable to have patient transparency at the point of prescribing?
- a.) 26%
  - a) 36%
  - b) 76%
  - c) 86%



## Post-Test Answer #3

3. What percentage of prescribers feel it would be valuable to have patient transparency at the point of prescribing?
- a.) 26%
  - a) 36%
  - b) 76%
  - c) 86%**



## Post-Test Question #4

4. What percent of prescriptions that showed RxBenefit Clarity details were available for same day pick-up at the pharmacy?
- a) 46%
  - b) 64%
  - c) 84%
  - d) 100%



## Post-Test Answer #4

4. What percent of prescriptions that showed RxBenefit Clarity details were available for same day pick-up at the pharmacy?
- a) 46%
  - b) 64%
  - c) 84%**
  - d) 100%



## Post-Test Question #5

5. Patients whose providers used RxBenefit Clarity were X% more adherent to picking up their medication than those without it.
- a) 6%
  - b) 10%
  - c) 19%
  - d) 76%
  - e) 99%



## Post-Test Answer #5

5. Patients whose providers used RxBenefit Clarity were X% more adherent to picking up their medication than those without it.
- a) 6%
  - b) 10%
  - c) 19%**
  - d) 76%
  - e) 99%



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