Perspectives and Updates on
Health Care Information Technology

HIT Perspectives Biopharma Insights

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November 2016

About the newsletter

HIT Perspectives Biopharma Insights is published by Point-of-Care Partners. Individuals at the leading management consulting firm assist healthcare organizations in the evaluation, development and implementation of winning health information management strategies in a rapidly evolving electronic world. The team of accomplished healthcare consultants, core services and methodologies are focused on positioning organizations for success in the integrated, data-driven world of value-based care.

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1 Part 1: Working Smarter, Not Harder: Helping Clinicians Optimize Use of EHRs

By Brian Bamberger, Life Science Practice Lead

Electronic health records (EHRs) are here to stay in medical practice. And doctors spend a lot of time with them. **A recent study** found that doctors spend at least two hours during the office day working with EHRs, and between one and two additional hours after work with tasks associated with the technology. Some of that time involves using EHRs during clinical face time for diagnosis and treatment, such as sending electronic prescriptions and verifying lab results to inform treatment decisions. The remainder is spent on administrative tasks, including data entry and checking all the boxes required for pay-for-performance by various public and private insurers.

It can be overwhelming, but doesn't have to be. The answer is working smarter, not harder, by optimizing the use of EHRs. A better work flow has practice benefits, such as improved quality, safety and efficiency. Using EHRs more efficiently will help doctors meet new requirements posed by the Medicare Access and CHIP Reauthorization Act (MACRA). These will have a direct impact on how physicians will be paid under Medicare or have downward payment adjustments. MACRA requirements replace those previously compelled under the meaningful use EHR incentive program. Finally, optimizing use of EHRs can lead to a better work-life balance, which is something everyone can get behind.

Opportunities. Working smarter but not harder with the EHR sounds easy, but it is not intuitive. Here are five opportunities that biopharmaceutical sales teams can use to help physicians get through their day by optimizing use of EHRs. They can help doctors:

1. **Identify useful but overlooked EHR functionalities.** Today's EHRs come with a variety of functions that can help physicians save time and improve treatment. Many EHRs offer drop-down menus or the ability to create favorites lists, so prescribers do not have to manually enter dosing instructions in the free text field and remember prescription quantities for electronic prescriptions. Not only does this save time, it also reduces the opportunity to introduce errors that can affect patient safety and outcomes.

2. **Integrate in-depth patient education materials.** Most EHRs include some patient education materials, which lack the breadth and depth required by many providers. Pharmaceutical companies have invested considerable resources in developing such materials, which can be repurposed for use in office EHRs. After physician buy-in occurs, the account manager and sales representative can work with a larger practice's information technology (IT) staff to incorporate those materials directly into the EHR. In smaller practices, the IT contact may be the office manager or practice administrator. Once this has been done, the physician can print the information on demand during a patient visit or a patient can access the materials through the office's patient portal, which currently is the way most practices provide patients administrative and clinical information. Clinical information within an EHR can help physicians target posted patient-specific educational materials. This also will help physicians meet MACRA requirements.

3. **Create customized care alerts.** Any number of factors can cause issues, many of which can be easily corrected with slight modification to an EHR. An example is establishing predefined care alerts, which can be created by a physician on a one-time basis. This will help avoid alert fatigue as well as create a customized guide for patient care. Depending on the specialty or patient mix, alerts can follow established clinical guidelines, standards of care and payer requirements. This can be especially useful if the physician is a member of a patient-centered medical home or an accountable care organization, because alerts remind health care providers about standards of care. In addition, alerts can capitalize on structured data within the EHR, providing time-saving yet personalized decision making and treatment options at the point of care.

4. **Capitalize on electronic prior authorization.** An increasing number of medications require preapproval — or prior authorization (PA) — before they can be dispensed. This currently is a lengthy and frustrating process that is based on antiquated paper-phone-fax methods. That's changing with the advent of electronic prior authorization (ePA), which is increasingly available for use in electronic prescribing in EHRs. Physicians need to be educated about the existence of ePA and its availability in their EHR. Persuading them to use ePA should not be difficult because it reduces their time spent on each patient request. CoverMyMeds estimates that turnaround time of a PA request has decreased from as long as 3 to 5 business days to within hours, in most cases, and mere moments when the insurer is equipped electronically to accept and process the transaction as well as return a real-time response. This adds up. **A recent analysis** suggests that doctors spend a whopping 868.4 million hours on manual PA each year, not counting the time devoted by such other staff members as nurses and practice managers. Surescripts has created **a new ePA calculator** that helps doctors estimate how much time and money their practice could save by using the company's ePA solution. ePA also improves patient care by helping to cut through the hassle and paperwork and get the patients the therapies they need at the proper time.

5. **Identify capabilities that would improve practice productivity and quality.** Documentation templates provide a good example and they have two advantages. First, they standardize visit documentation and create discrete data much better than free text notes. Second, a well-crafted and specific documentation template will speed documentation in the patient encounter. Many EHRs have a set of documentation templates that are a good start but which may not be customized for a specific set of patients. For example, a urology practice may have a template for overactive bladder (OAB) patients but does not distinguish between those presenting with a mild initial stage and those suffering from a more severe, complex case. More specific documentation, supported through better templates, benefits pharmaceutical companies because they provide better data the practice may use to identify patients and evaluate care. For example, how many patients with more severe OAB might have missed an appointment and are suffering with no care? What impact will this have on patient satisfaction measures for the practice? Pharmaceutical companies can help by assisting in the design of well-reasoned and scientifically backed documentation templates. •

Point-of-Care Partners has expertise in the use of EHRs. Let us put that knowledge to help increase physician productivity and work-life balance. While EHRs are far from perfect, there are many ways they can help physicians work smarter, not harder.

2 Part 2: Computerized Order Sets Help Physicians Save Time and Improve Care

By Brian Bamberger, Life Science Practice Lead

All physicians want to save time and improve the quality and outcomes of care. Computerized order sets present such a solution to busy clinicians. Now that most practices and hospitals have transitioned to electronic health records (EHRs) and electronic prescribing (ePrescribing), physicians can issue prepackaged groups of orders for care processes and the diagnosis and treatment of a particular condition with a few clicks of a mouse.

Benefits. There are many benefits in using computerized order sets. They can help reduce medical errors because physicians do not have to rely on their memory for treatments and help avoid transcription errors. Also, because they are based on evidence-based guidelines and standards of care issued by many specialty groups and other organizations, such as the National Cancer Care Network (NCCN) and American Society of Clinical Oncology, computerized order sets also promote adherence to those standards. Accessing order sets via EHRs allows physicians to easily incorporate evidenced-based care into their work flows. Research has shown that implementing electronic clinical order sets ultimately improves patient outcomes. **Multiple studies have found** reductions in overall lengths of hospital stay, postoperative lengths of stay and total costs for various surgical procedures, including total knee arthroplasty, appendectomy and colon surgery. Finally, **there is evidence that suggests** they influence ordering.

Why not paper order sets? To be sure, order sets have been around in paper form for a long time. However, they are quickly becoming obsolete. The most compelling reason for this is that the health care world is rapidly going electronic, and with that comes advantages over paper. For example, a paper-based order set may not be available at the time a physician needs it. In contrast, having order sets available in the physician's EHR means the information is rapidly available anytime. Electronic order sets may also be part of requirements to standardize health care across an organization. These can, for example, figure into shared savings arrangements for such new value-based programs as accountable care organizations. They can also help practices meet quality and payment targets based on use of health information technology for Medicare and other payers. Data from electronic clinical order set systems can be captured and made available for analysis. This can produce valuable insights regarding trends and patient care, which again can help improve outcomes and quality as well as reduce costs.

Challenges and opportunities. The transition to computerized order sets can be challenging for physicians. However, they create opportunities for pharmaceutical sales teams. For example:

- **Customization.** Customization of electronic order sets creates value to physicians by saving time and being directly applicable to ways they practice medicine. Sales representatives can work with practice administrators to customize order sets to a particular disease state or medication therapy. For this, physicians and practices will need individualized help. Think of it as developing

a personalized macro that is adapted to the needs of their practice and patient mix. Specialty organizations such as the NCCN have developed templates that can be easily customized. Many hospitals have order sets that are automatically triggered following a specific procedure (sometimes called standing orders). Naturally, customization will continue to be an evolving process as new disease states and treatments are identified. This creates valid and useful reasons for continuous physician interaction.

- **Physician buy-in.** Buy-in is important if physicians are to use a customized order set. Ensuring these sets link to evidence-based therapies can help achieve that goal. Assisting physicians in customizing their order sets engages them in the process and creates buy-in.
- **Training is needed.** Training and retraining are critical to the success of implementing computerized order sets. This may be difficult for small or rural practices. Assisting with training is a way to open doors to physician practices and provide value to the interaction. This also could create the opportunity for brand reinforcement. •

Point-of-Care Partners is proficient in the use of EHRs and ePrescribing. Let us work with you to create a program for developing and customizing electronic order sets for your target practices. They are the wave of the future.

3 Part 3: Electronic Dosing Instructions: Opportunities for Sales Teams

By Brian Bamberger, Life Science Practice Lead

Electronic prescribing (ePrescribing) is no longer in its infancy. Today, 80% of ambulatory physicians use this method to prescribe medications for their patients and send that information electronically to the pharmacy. With that in mind, the industry will be concentrating on the remaining functionalities that already exist — but are seldom used — in the National Council for Prescription Drug Programs (NCPDP) SCRIPT Standard v. 10.6, which is one of the main ePrescribing transaction standards. An example is the Structured and Codified *Sig* (short for *Signatura*). This part of the prescription communicates dosing instructions to the pharmacy, which will then relay them to the patient.

Work on the Structured and Codified *Sig* has been ongoing for more than a decade. With impetus from the government and a federal advisory group, a task group was convened to address the issue by the NCPDP, which develops and maintains the SCRIPT standard. The idea was to standardize communication of dosing instructions within the ePrescribing process to create unambiguous and complete directions for the pharmacy filling the electronic prescription (ePrescription). Other benefits include decreased opportunities for transcription errors and improved efficiencies and work flows for both prescribers and pharmacists.

How it works. Currently, there are several ways for prescribers to indicate their dosing directions in ePrescribing using NCPDP SCRIPT v. 10.6. The first is a mandatory 140-byte free text field. The second is the optional use of additional separate fields that provide coded data for the various components of the instructions: the verb, route, dosage form, indication, vehicle, site, timing and duration.

Some electronic health records (EHRs) — the main vehicle for ePrescribing — offer drop-down menus and favorites lists for *Sig* elements, which map back to the NCPDP SCRIPT fields. Even so, many prescribers simply prefer to enter their dosing instructions in the free text field.

Manually entering dosing instructions into the free text field is an efficiency issue for prescribers as well as pharmacists, who must rekey the information from free text *Sig* into the pharmacy system once an ePrescription is received. This creates the potential for numerous time-consuming calls for clarification between pharmacists and physicians. All this manual entry and rework additionally open the door to errors and have implications for the quality and safety of patient care.

As a result, there is a push for the industry to enhance *Sig* functionality. Vendors will be pushed to respond to demand for the Structured and Codified *Sig* in response to regulatory mandates.

Why it is important. Use of the Structured and Codified *Sig* is now optional for use under the **new final rule** on October 14 for implementing the Medicare Access and CHIP Reauthorization Act of 2015. It details new ways physicians and other clinicians will be paid now that the old payment system, based on the reviled sustainable growth rate formula, has been abolished. It also contains several provisions that directly relate to the required use of certified EHRs and health information technology (health IT).

Today, 80% of ambulatory physicians use electronic prescribing to prescribe medications for their patients.

ePrescribing is one of the basic requirements to meet these measures, which help determine a physician's base score for Medicare payment, bonus adjustment or payment decrease for noncompliance. Failure to use ePrescribing will immediately earn a physician a zero for the entire category on health IT usage, which accounts for a quarter of the total payment score. That will get doctors' attention.

If that's not enough, we believe use of the Structured and Codified *Sig* will be required in the new physician pay formula in the not so distant future. We also believe private payers will eventually follow suit. As Medicare goes, so do all the other payers.

Opportunities for sales teams. While the Structured and Codified *Sig* is not quite mainstream, it will be. Preparing for it creates opportunities for sales teams. For example:

- **Materials will need to be updated.** With the health care world going electronic, sales materials need to be updated to reflect various changes in the arena. For example, including a picture of a paper prescription in advertisements and educational materials is old school. What doctors need is a screen image (real or mock-up) showing how a product's dosing instructions can be represented in ePrescribing via the Structured and Codified *Sig*.
- **Work with EHR vendors.** Sales teams should work with vendors in implementing the Structured and Codified *Sig* to make its use easier for prescribers. This could create competitive advantage. For example, vendors could improve *Sig* favorites capabilities by including the most commonly used *Sigs*. Many of these have already been identified by NCPDP. **As a best practice**, Surescripts (a major ePrescribing infrastructure provider) recommends that vendors should determine the 100 most commonly prescribed *Sig* concepts and ensure the system can fully accommodate construction and transmission of these *Sig* strings. Sales teams should work with vendors to ensure their products' *Sigs* are well represented.
- **Training is needed.** Physicians will have to be educated about the need for — and use of — the Structured and Codified *Sig* so it can be used to its full potential, especially if a product is not a tablet. Although it is part of a technical transaction and should be invisible to the user, prescribers must be educated about functionalities available in the electronic *Sig* and their importance to quality and safety of patient care. This is an opportunity for sales teams to work with physicians on their products' electronic dosing instructions. It adds value to the visit and reinforces the brand. •

Point-of-Care Partners has experts in ePrescribing and the Structured and Codified Sig. Send us an email or give us a call. We'd be happy to give you a deeper dive into the issues and potential solutions.