Perspectives and Updates on
Health Care Information Technology

HIT Perspectives
Biopharma Insights

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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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Upcoming Speaking Engagements

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1 Part 1: EHRs: A New Dissemination Tool for Patient Education Materials

By Brian Bamberger, Practice Lead, Life Science

Pharmaceutical companies have invested substantially to produce patient education materials about specific conditions. These materials are made available to physicians to distribute to their patients. Pharmaceutical brand teams have traditionally used a number of methods to get these materials in physicians' hands. There is a new opportunity that they might be overlooking: using electronic health records (EHRs) in the physician's office in conjunction with a systematic approach to support existing physician efforts for educating patients.

EHRs are now a critical component of ambulatory practice. Recent statistics show that about 80% of office-based physicians use EHRs. This widespread adoption and use of EHRs are due in large part to the federal meaningful use (MU) EHR incentive program. MU first incentivized physicians to adopt EHRs and then required them to report their use in order to garner incentive payments and avoid Medicare payment penalties. Private payers, including accountable care organizations, have begun to mandate use of EHRs as part of quality and payment metrics for pay for performance.

MU also requires that physicians provide educational materials to patients via EHRs. For example, one objective specifies that providers must use clinically relevant information from certified EHR technology to identify patient-specific educational resources and provide them to patients. In addition, MU calls for providers to directly engage patients in their care through electronic means, such as EHRs and patient portals.

How it could work. Making educational materials available through the EHR is not complicated.

First, the pharmaceutical account manager or sales team has to achieve the clinician's buy-in to use the company-provided patient education materials. Achieving buy-in should not be challenging given that patient education is a MU measure and patient engagement is widely recognized as beneficial for care quality.

Once buy-in occurs, the account manager and sales representative can work with the office's information technology (IT) staff to incorporate the materials directly into the EHR. In small practices, the IT contact may be the office manager or practice administrator. Large practices may have dedicated staff for their IT needs or use consultants.

Once this has been done, the physician can print the information on demand during a patient visit or the patient can access the materials through the office's patient portal, which currently is the way most practices provide patients with administrative and clinical information. Clinical information within an EHR can help the physician target patient-specific educational materials that are posted.

Some work is required on the pharmaceutical company's part. First, a variety of presentation formats are required. For example, some systems aren't optimized for outside PDFs. Inclusion of content in an HTML or RTF format allows inclusion with other patient instructions.

Second, the company should make educational materials easy to obtain and ideally have a method to update content as new guidelines and best practices are developed.

Finally, the pharmaceutical company should make its content an augmentation of practice resources and not use the materials to develop relationships with patients without physician

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practice involvement. Too many patient education goals are centered on signing up and educating patients without physician and practice involvement. This makes practice staff wary when patients question physician choices based on what they've read in physician-provided but pharmaceutical company-directed content. Physician practices are more likely to integrate materials when their practice's logo is larger than the pharmaceutical company branding.

Why it would work. Making educational materials available through the EHR is a win-win for both providers and pharmaceutical companies.

For providers, this approach:

- Can easily be made part of the work flow during an office visit to supplement purchased resources already present.
- Provides specific, in-depth and current information for patients to supplement materials currently available in the EHR.
- Helps satisfy MU and pay-for-performance requirements for both public and private payers.
- Eliminates the need to stock volumes of paper handouts, which have already been eliminated in most practices.
- Provides patients and caregivers with the targeted and varied types of patient information at different stages of therapy and disease state. This should improve patient outcomes and increase satisfaction, both of which are pay-for-performance metrics.
- Could help patients improve medication adherence. Nonadherence leads to adverse outcomes, avoidable hospitalizations, excess office visits, unnecessary nursing home admissions and premature deaths. These also are criteria by which physicians are measured in terms of pay for performance.
- Explains how a medication works and how it addresses a disease, which are important functions in medication adherence.

For pharmaceutical companies, making educational materials available through the EHR enables the sales team to:

- Provide a curriculum of high-quality, comprehensive content that is engaging and actionable by the patient.
- Easily provide current content and information about treatment best practices.
- Create and/or deepen relationships with physicians and office staff.
- Help physicians maximize their time spent with patients during the office visit.
- Build loyalty and trust.
- Improve sales and patient retention.

Point-of-Care Partners can work with your brand team, patient education efforts and sales force to make the EHR a regular and successful distribution channel for educational materials. For example, we can develop easy-to-use uploading instructions that are EHR specific — a necessity now that there are several hundred EHR products currently in the market. **Drop me an email** or give us a call. Our knowledgeable and experienced staff are here to help. ●

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2 Part 2: Surescripts Issues Its 2015 National Progress Report

By Tony Schueth, Editor-in-Chief

Surescripts recently released its *2015 National Progress Report*. It further documents the industry's herculean efforts in the past decade to eliminate the paper prescription pad (for all intents) and deliver essential data to prescribers.

For starters, some 10 billion transactions flowed just through the Surescripts network in 2015. These included 1.4 billion electronic prescriptions for noncontrolled substances — almost a modest 10% increase. Even so, that translates to an average of 3.8 million electronic prescriptions in the US each day, which is more than the 1.4 million Amazon packages shipped daily and Uber's 2 million rides worldwide.

The numbers are indicative of the ubiquity of electronic prescribing (ePrescribing) so far. That said, the last mile will be harder as we begin to address ePrescriptions from the "laggards" — those slow to adopt this not-so-new technology – and dental care, discharge medications, long-term and post-acute care, specialty medications and controlled substances (EPCS).

EPCS was cited in the report as documenting huge growth. Specifically, there was a 667% uptick in EPCS transactions — 12.8 million in 2015 compared with 1.67 million in 2014. Most of that was due to New York's EPCS mandate, which demonstrates that prescribers need a legislative push to move them toward widespread adoption.

The level of success of the Empire State's ePrescribing mandate has emboldened other states to adopt similar legislation; there already are a growing number of state laws and regulations that will require use of EPCS. In addition, the nationwide opioid epidemic is creating interest at the federal and state levels in tools, like EPCS, that can be used to stop overdosing and doctor shopping. (To keep current with these laws and regulations, Point-of-Care Partners offers its **ePrescribing Law Review**, which is the most succinct yet comprehensive analysis of federal and state rules, regulations and statutes governing electronic prescriptions in all states and the District of Columbia).

In addition, Surescripts routed 1.05 billion medication history transactions, which represents three times the population of the United States. Some 15.28 million clinical messages flowed through the network in 2015. The latter is an example of newer transactions in the Surescripts portfolio.

Despite the progress made so far, opportunities exist in the ePrescribing work flow on which we can capitalize. Take medication reconciliation, for example. As Surescripts highlighted in its report, nonadherence to prescription medication costs the US health care system close to $300 billion per year. Work can be done to promote, streamline and enhance this transaction to encourage wider utilization. Reconciling a patient's medication history is becoming more automated due to requirements under meaningful use. Surescripts announced in early September the launch of a new medication history service to support population health management. The underpinnings of the new solution, prescription data from pharmacy benefit managers/payers and pharmacies, previously existed but have now been consolidated into a single data feed that presents a more cohesive picture of a patient's medication history and adherence to prescribed therapies. It's not necessarily a complete view of a patient's medication history as it is subject to pharmacy and payer participation and typically doesn't include cash pay, but it is an improvement over the claims- or pharmacy-only data.

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Looking at complementary transactions and supporting data, we were again surprised to see several others that didn't make the cut. There was no information about the formulary and benefit (F&B) file, which has been provided by Surescripts since back in the day. There also was nothing about the real-time benefit check (RTBI). This up-and-coming transaction is a value add because of its potential for providing real-time, patient-specific formulary and benefit information at the point of care. Both the F&B and RTBI have implications for curbing costs and, arguably, improving health care by increasing formulary compliance and medication adherence. Research has shown high out-of-pocket costs to be a main reason why patients abandon prescriptions.

Specialty pharmacy also was not included but is an area of huge growth potential, even if the transactions will be minimal. The first reason is because specialty medications are the fastest growing sector in the American health care system. Use of specialty medications is expected to jump by two-thirds in 2015 and account for half of all drug costs by 2016. Secondly, specialty pharmacies are just beginning to consider how to computerize their prescriptions and work flows. These deal almost exclusively with controlled substances and prior authorizations, so EPCS and electronic prior authorization are definitely in their future once specialty pharmacies migrate away from the current paper-phone-fax environment.

All in all, the report highlights the industry's success with ePrescribing, paints a picture of what's still to be done and highlights how related transactions can translate to other areas of health information technology and patient care. Let Point-of-Care Partners help you interpret the data in the report and build it into your work flow and business plan. ●

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3 Part 3: Electronic Prior Authorization: Just What the Doctor Ordered (Almost)

By Brian Bamberger, Practice Lead, Life Sciences

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. It's an administrative nightmare that results in abandoned prescriptions, changes from the originally prescribed medication, and delays in dispensing and treatment. In addition to being a huge pain point for physicians and patients, PA is also a problem for pharmaceutical companies, which lose millions of dollars annually as a result.

That's changing with the advent of electronic prior authorization (ePA) — the electronic prescribing (ePrescribing) capabilities for which doctors have long been waiting. ePA was created by the ePrescribing industry, which developed a standard that could be incorporated into the electronic work flows of physicians, pharmacies and payers. That decade-long work came to fruition a couple of years ago. Now that ePA's available, expect to see more and more practices use the transaction in their ePrescribing.

How does PA work? There are two kinds of work flows used today.

The first is retrospective PA. This means that drugs needing prior approval are identified after they have been prescribed. This involves form-based portal solutions, which are not integrated into the ePrescribing work flow. In order to process a retrospective PA, prescribers must identify and logon to the portal associated with an individual patient's health plan. This can be very frustrating and time consuming — especially in high-volume practices. There are "hybrid" solutions out there; these, however, have varying degrees of integration with electronic health records (EHRs) and connectivity and interoperability with payers. Such solutions rely on faxes for the bulk of their PA processing.

The second is prospective ePA, which is where the industry is moving. In this transaction, prescribers will prospectively see that PA is required — that is, at the time a prescription is written. The prescriber will also know which questions need to be answered before a prescription is sent to the pharmacy. In many cases, the information needed is already documented in the EHR. The few remaining questions will need to be answered by data entry. With ePA, the need for data entry and processing time are significantly reduced, while accuracy is increased.

Why will doctors start using ePA? Physician adoption of ePA is expected to take off in the near future. Why? Because the business case is compelling.

- **ePA saves time.** ePA reduces the time spent on each PA request. CoverMyMeds estimates that turnaround time of a PA request has decreased from as many 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 other staff members such as nurses and practice managers.
- **ePA saves money.** Surescripts estimates that use of ePA could save $16,000 per year for a 10-doctor cardiology practice that processes 1,680 PAs.
- **ePA is increasingly available in the work flow.** About 80% of physicians have an EHR that can be used with ePrescribing. A 2015 survey indicates that 70% of vendors were committed to implementing ePA in their EHRs as of a year ago, and roughly half had gone live with the transaction. We expect to see a huge uptick in those numbers this year when data become available.

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- **ePA reduces the hassle factor.** As mentioned earlier, manual PA is a pain point for physicians. They view it as a frustrating process that costs a lot of time and money but results in little benefit for patients. Reducing or eliminating this hassle will spur ePA adoption.

- **ePA improves patient care.** Improving patient care is an important issue to physicians and ePA offers many advantages over manual PA. For example, ePA reduces gaps in care caused by processing wait times and claims denials associated with manual PA. Perhaps most importantly, the difficulties inherent in trying to obtain PA significantly affect patient care and safety. Nearly 40% of PA requests (roughly 75 million) annually are abandoned due to complex procedures and policies and the hassle factor. Moreover, nearly 70% of patients encountering paper-based PA requests do not receive the medication originally prescribed.

- **More medications require PA.** The number of drugs requiring PA is growing exponentially. As a result, physicians will find ePA advantageous in keeping pace with PA prescription volume, which is increasing 20% each year. This is due to the increased availability of very expensive drugs to treat the elderly and chronically ill, whose populations are on the rise. There also are many new specialty medications, including biosimilars, nearly all of which require PA. In fact, specialty medications represent the fastest growing sector in pharmacotherapy. Use of specialty medications is expected to jump by two-thirds in 2015 and account for half of all drug costs by the end of 2016.

We said 'almost' what the doctor ordered. ePA has a few shortcomings. First, instead of asking for information that exists in a practice's EHR system, the current version of ePA includes mostly open-ended questions. The opportunity is to improve physician work flow by providing automated answers to standardizing questions that link, where possible, with data in the EHR. Most EHRs store and exchange data using the HL7 standard. Improving an EHR's ability to perform an ePA assist seems to be what physician's really want. In other words, the EHR should automatically take the patient data the practice has painstakingly documented to fill in the questions for provider review before submission.

How pharmaceutical companies can help. Here are five steps pharmaceutical companies can take to increase ePA adoption. Companies and their sales forces can:

1. Help educate physicians that ePA exists and explain the particulars about its availability in their EHR.

2. Persuade physicians to use the ePA functionality that is available, even if it is not fully integrated.

3. Urge payers and pharmacy benefit managers to switch to ePA. As of a year ago, 87% of payers were committed to ePA and about two-thirds of them were live with the transaction.

4. Work is beginning on standardizing questions insurers ask. Participate in the development of standardized questions and support their use.

5. Work with states to adopt ePA requirements. State mandates requiring support of EHR-initiated ePA have begun to appear. Wider and consistent regulatory requirements will motivate EHR vendors and payers to hasten their development of ePA functionality to meet these rules. To keep current with the ePA landscape, Point-of-Care Partners **offers its ePA State Navigator**, which is an up-to-date resource for stakeholders covering ePA-related developments on a state-by-state basis.

Point-of-Care Partners has been part of ePrescribing from the beginning and we are experts in PA and ePA. Give us a call or an e-mail so our team can help your company capitalize on the value of ePA. ●

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