Perspectives and Updates on
Health Care Information Technology

HIT Perspectives Biopharma Insights

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: Five Ways Pharmaceutical Companies Can Leverage EHR Market Changes and Challenges

By Brian Bamberger, Life Sciences Practice Lead

The electronic health record (EHR) market is a work in progress. On one hand, EHR adoption is more widespread than ever before. According to government data, almost eight in 10 office-based physicians reported adopting some type of EHR system and roughly half had an EHR system with advanced functionalities. Nearly all physician practices and hospitals are expected to utilize EHRs in the near future. On the other hand, physicians are not happy with their EHRs. As one survey pointed out, user dissatisfaction is at an all-time high due to cumbersome processes, interoperability issues and limited features that do not fit into everyday work flow or meet the needs of specific patient mixes. Physicians want EHRs with content and features that enhance patient care, engage their patients, reflect the requirements of their patient mix and specialty and fit into their work flow. On top of that, EHR market fragmentation is epic (note lowercase!), resulting in many small players trying to maintain their foothold in a world where practices are being gobbled up.

So, how can pharmaceutical manufacturers use this knowledge to improve marketing to physicians? As national experts in health information technology (health IT) and its use in the pharmaceutical space, Point-of-Care Partners (POCP) offers five tips to pharmaceutical manufacturers for capitalizing on the changes and challenges in today's EHR market.

1. **Embrace EHRs.** Despite the challenges of EHR usability and dissatisfaction on the part of many providers, EHRs are here to stay. Some of that has to do with government mandates, such as the meaningful use incentive program. At the same time, public and private insurers have increasing requirements to use EHRs to capture patient and quality-related data and report metrics for pay-for-performance. In short, EHRs are rapidly becoming the center of physicians' work environment — from diagnosis to electronic prescribing (ePrescribing), patient education and more. To be sure, pharmaceutical manufacturers have looked at online promotion for the sexier side of digital health care, such as tablets, smartphones, wearables and other mobile devices. However, the jury is still out on their marketing return on investment, while the bread-and-butter aspects of EHRs in physician practices have tended to be overlooked or downplayed. Pharmaceutical manufacturers need to embrace today's EHR reality by building them in as a key piece of integrated marketing strategies using marketing materials and sales efforts customized by EHRs.

2. **Take advantage of EHR market fragmentation.** There are roughly 700 EHR vendors out there. While consolidation is happening, it will not result anytime soon in a handful of EHRs, as many pharmaceutical marketers are hoping. Moreover, there is huge market fragmentation. According to a recent Wells Fargo analysis, the ambulatory market is not only fragmented as a whole, it is fragmented regionally: there is no dominant vendor in about 60% of metropolitan statistical areas, which contain about 75% of the US population. And yes, there are a significant number of EHR vendors that normally don't interact with pharmaceutical manufacturers. Savvy pharmaceutical marketers can take advantage of this situation and utilize their own marketing sales resources to reach these practices. How? This market fragmentation creates opportunities for engaging vendors to develop features within the physician work flow that would enhance such features as ePrescribing, patient education and medication adherence — all of which are of value to both physicians and pharmaceutical manufacturers.

3. Help physicians implement existing EHR features. Surprisingly, many EHRs already include features that physicians want — they just need to be activated. This creates the opportunity for creating new relationships with physicians, which can be a building block for future relationships and create trust. It also gets pharmaceutical representatives some valuable face time with physician clients, who will consider this assistance as a definite value-add and something on which they can rely in the future.

4. Leverage EHRs as a clinically oriented tool. EHRs represent an opportunity for sending clinical content and messaging directly to physicians. For example, EHRs drive physician decision making in large practices in terms of creating order sets, standardized treatment protocols and standards of care, all of which can be influenced by pharmaceutical manufacturers and may feature branded products, when appropriate. EHRs can also drive quality improvement by assessing medication adherence through monitoring patient refill requests. Improving medication adherence is a win-win for physicians, patients, payers and pharmaceutical manufacturers. ePrescribing — now primarily done through EHRs — creates a channel for brand and clinical messaging at the point of prescribing. In short, physicians want clinically oriented content and EHRs offer a platform to provide it to them when configured properly. Physicians perceive such information as a value-add and it touches them directly in a positive way with information about the company and branded products.

5. Use EHRs to promote patient engagement. Patient engagement is gaining traction because public and private insurers are requiring it and physicians recognize it as a way to improve quality and outcomes, both of which are very important in guiding how they practice and are reimbursed. Branded patient websites are the traditional approach used by pharmaceutical manufacturers to establish a relationship with patients for branded products. However, websites lie outside the physician work flow and can be off-putting to patients, who frequently lack the ability and desire to find a particular site and log in. Moreover, from the patients' perspective, websites lack the credibility of their direct relationship with their physician. This creates the opportunity for pharmaceutical manufacturers to repurpose current educational content for the physician to use during and after the visit to strengthen the relationship between the practice staff and patients. This will enhance the brand's relationship with the physician and the patient, as well as provide needed, credible information in a user-friendly way. While EHRs offer a fine base of educational materials, patients suffering from chronic conditions may have only a few pieces of information about a condition they may have for decades. The pharmaceutical industry can do more to help physicians educate patients, and the EHR — with its patient portal — can be an important tool.

Even though the EHR market is evolving rapidly in many directions, opportunities exist for pharmaceutical manufacturers to use EHRs to create new relationships with physicians and patients. POCP is actively helping companies create short-term and multiyear strategies and accompanying tactics. How can POCP help you?

2 Part 2: Better Formulary and Benefit Information Pay Off for Payers

By Bruce Wilkinson, Contributor

Electronic prescribing (ePrescribing) is the norm for prescribing most medications these days —so much so that it is often a "check box" for health plans and pharmacy benefit managers (PBMs). However, the ePrescribing process is only as good as the information in the electronic health record (EHR) system — the most common method for ePrescribing — and how it is made available to the prescriber. Opportunities exist to provide better and more detailed information at the point of ePrescribing that will yield better outcomes for payers, prescribers and patients. Formulary and benefit information is a case in point.

Currently, many health plans and PBMs provide only formulary status, and most do not go past the minimum Medicare Part D standards for the information they provide to ePrescribing systems. Yet ePrescribing systems can accommodate a wide range of relevant formulary and benefit details. Examples include copays by pharmacy networks, coverage restrictions, preauthorization alerts and next steps, lower-cost and safer alternatives, step therapies and age-specific safety risks.

While providing additional formulary and benefit information is outside the work flow and radar of many plans and PBMs, the payoffs could be significant for payers and other stakeholders. For example, it could improve:

•**Star ratings.** Providing more advanced formulary and benefit information at the point of care can help payers improve their affiliated physicians' star ratings, such as for high- risk medications. With access to a wider array of cost-effective and less risky alternatives, providers can demonstrate they are better managing the care for their high-risk patients—and even moving them to less risky therapeutic options, if appropriate. In addition, better information will improve physician performance with payer evaluations and ratings.

•**Medication adherence.** Research shows that high out-of-pocket costs, such as copays, cause patients to abandon prescriptions or not take medications correctly to save money. This results in 100,000 deaths each year and costs the health system $200 billion in unnecessary hospitalizations and doctor visits. Communicating better formulary and benefit information at the point of care informs prescribers of the lowest covered price drug options for their patients' medications, thus improving the chances of patients filling their prescriptions and following their prescribed course of therapy. A copay tier is simply not enough information on which to make an informed decision.

•**Patient outcomes.** Improved formulary and benefit information at the point of ePrescribing can help physicians prescribe the appropriate drug for the patient. This translates into improved patient management, healthier patients and better outcomes, which in turn reduces costs of care.

•**Cost control.** Making sure that patients stay on medications covered by their insurance is a major way that payers control costs. Providing more detailed formulary and benefit information in ePrescribing systems helps ensure physicians know which medications are covered by a patient's health plan

so they can ePrescribe drugs that are on formulary. It also helps them identify less costly but therapeutically appropriate alternative medications or less expensive dispensing methods, such as a 90-day mail order supply or preferred pharmacy networks.

•**Prescribing efficiency.** Improved formulary and benefit information at the point of care means physicians can more appropriately ePrescribe the correct drug from the get go. The result: improved efficiencies due to fewer phone calls for clarification between the pharmacy and the physician's office and less rework.

•**Patient satisfaction.** ePrescribing an appropriate, cost-effective drug during the office visit also helps improve patient satisfaction, a new metric on which providers and many health plans are now being evaluated. This helps prevent patient sticker shock at the pharmacy and frustrating waits for prescriptions while prior authorizations and reimbursement issues are sorted out.

All in all, improved formulary and benefit information at the point of ePrescribing is a win-win for payers, physicians and patients. Proactive medication management enables payers to leverage EHR systems so as to enable providers to make optimal and informed decisions for their patients based on their plan formulary and pharmacy benefit. Let Point-of-Care Partners position your firm to help physicians to make use of better formulary and benefit information — a valuable but underutilized tool in the ePrescribing toolbox.

3 Part 3: FDA to Assess Role for EHRs in Clinical Trials

By Brian Bamberger, Life Sciences Practice Lead

The Food and Drug Administration (FDA) is working to bring the world of clinical trials into the digital age. This will create an expanded role for electronic health records (EHRs), with the result of speeding the cycle of clinical research and regulatory submissions and ultimately helping bring medicines to market faster.

The FDA's interest makes sense. It is one of a number of government agencies looking to streamline and computerize paper-based processes associated with medical care and research, such as clinical trials. Even though EHRs are not yet an integral part of the process, government officials believe clinical trials could benefit from leveraging the use of EHRs to:

- Eliminate duplication of data by capturing and transmitting electronic source data.
- Autopopulate the electronic study forms from EHRs.
- Reduce transcription errors and improve the quality of data.
- Encourage entering source data at the point of care.
- Facilitate remote monitoring of data to reduce the number of onsite visits by a regulated biopharmaceutical industry.
- Improve site monitoring to minimize the need for cross-referencing data in multiple sources.
- Make it easier for investigators to conduct clinical research.
- Facilitate the inspection and reconstruction of clinical investigations by FDA.
- Improve the standards-based technology solution to encourage widespread adoption.

Despite the promise of using EHRs for clinical research in regulatory submissions, there are unknowns to be addressed. What needs to be done to make this happen? Which barriers need to be overcome?

To help answer those questions, the FDA issued a Notice in the June 26 Federal Register soliciting stakeholder input concerning the benefits of EHRs to provide the necessary kinds of data for clinical trials, implementation challenges, gaps between these data that are regularly collected by EHRs for patient care compared with those required for clinical research and regulatory submissions, and regulatory obstacles.

In addition, the FDA asked for expressions of stakeholder interest in demonstration projects to test and evaluate how use of a single point, end-to-end EHR-to-electronic data capture (EDC) approach could be used to provide the specific kinds of data necessary for clinical trials. Demonstration projects are a well-known tool to assess the impacts, costs and benefits of technologies under specific scenarios and parameters.

One place to start would be for Risk Evaluation and Mitigation Strategies (REMS). The FDA requires the use of REMS to manage the risks of some drugs or biological products in order to ensure their benefits

outweigh risks. However, REMS programs today are typically mired in paper forms, fax machines or — at best — website portals, which duplicate data recorded in EHRs.

The FDA and National Council for Prescription Drug Programs are both actively shepherding new transaction standards forward with the help of a few pharmaceutical companies. Since most REMS programs require information already recorded in the EHR, a set of EHR-based REMS transactions would increase accuracy of information and reduce physician burden involved in complying with REMS programs.

Automation of REMS protocols will benefit those drugs for which approval may be delayed due to additional required safety studies. Other benefits of automation include opportunities to provide more data in REMS programs, increased accuracy of data, lower costs to submit and collect data and an improved audit trail throughout the process.

Point-of-Care Partners applauds the FDA's interest in leveraging EHRs for clinical trials. We have extensive experience in piloting transactions for EHRs and using them to full advantage by pharmaceutical manufacturers. Call or drop us a line to discuss the possibilities.