

OPPORTUNITIES TO IMPROVE THE SPECIALTY PRESCRIBING PROCESS

PRESCRIBER NEEDS & CHALLENGES

SPEAKER BIO: KATHY LEWIS

Kathy Lewis is a health care and technology leader with over 30 years of experience leveraging IT, electronic health records and clinician workflow to drive clinical improvements, organizational change, and business value.

At Surescripts, Kathy is responsible for specialty medication product strategy and execution, business direction for the accelerator technology platform, and the company's participation in Carequality.

She is a member of the NCPDP Specialty Prescribing enrollment task group under Work Group 18. She has spoken previously at Asembia and HIMSS-NCPDP webinars on specialty medications.



SPEAKER BIO: POOJA BABBRAH

Pooja Babbrah is Point-of-Care Partners' Practice Lead for PBM Services. She is a senior health care information technology consultant.

With more than 20 years of experience in a variety of health care services and health care IT companies, she brings a unique expertise to clients as she understands the perspectives of all stakeholders including PBMs, health plans, patients, physicians, ePrescribing and EMR vendors, and hospitals/health systems.

Pooja is a co-leader of the new NCPDP Specialty Pharmacy workgroup.



AGENDA

- Specialty Medications – a Patient's Journey
- Survey Results: Provider Viewpoints on Prescribing Specialty Medications
 - Prescriber Viewpoint of Challenges with Specialty Medications
 - Overall Prescribing Experience
 - Review of Pain Points:
 - Drug Selection
 - Submitting a Complete Prescription to the Correct Pharmacy
 - Documentation Gathering
- Opportunities for Improvement
- Questions

A PATIENT'S STORY

- A colleague was prescribed Repatha, a specialty cholesterol medication which costs ~ \$12,000/year
- Physician office coordinated prior authorization, but sent the script to a retail pharmacy
- Confusion in the transfer of information from retail to the specialty pharmacy
- Confusion around patient payment, covered under the medical benefit, requiring claim adjudication first
- She received the medication 10 days after it was prescribed
- Family member note: hereditary condition shared with her father, who recently moved from a commercial plan to Medicare
- No coverage under Medicare plan. Hospital helped him find a foundation; he completed a 15-page application for financial assistance

SPECIALTY MEDICATION: PATIENT CHALLENGES

Where do I fill my medication?

Will my insurance pay for this medication?

Can I afford this medication?

When will my medication arrive?

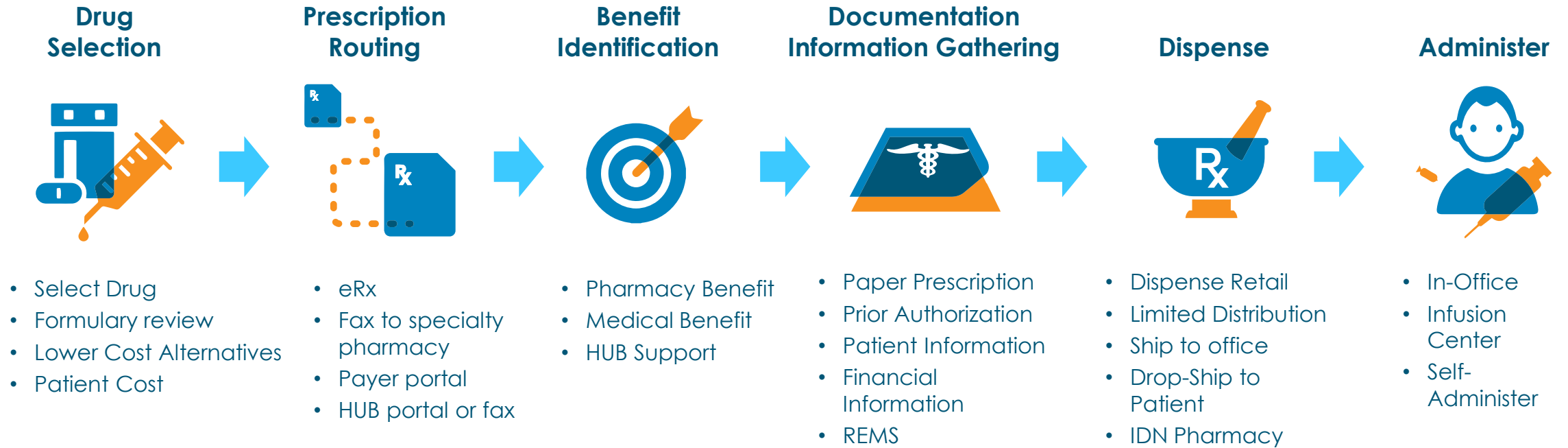
How do I administer this medication?

How do I deal with side effects?



Who can take me to my appointment for my infusion?

COMPLEX SPECIALTY MEDICATION WORKFLOW

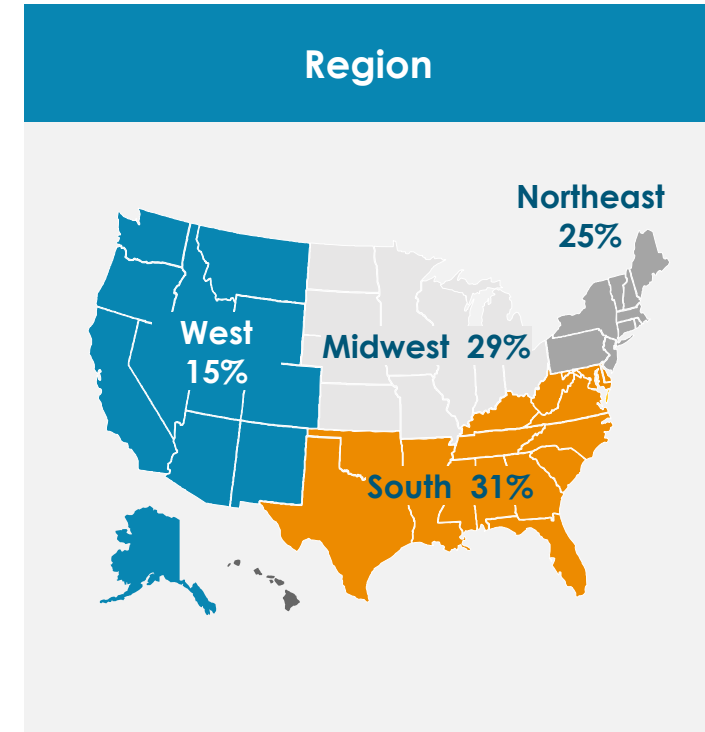
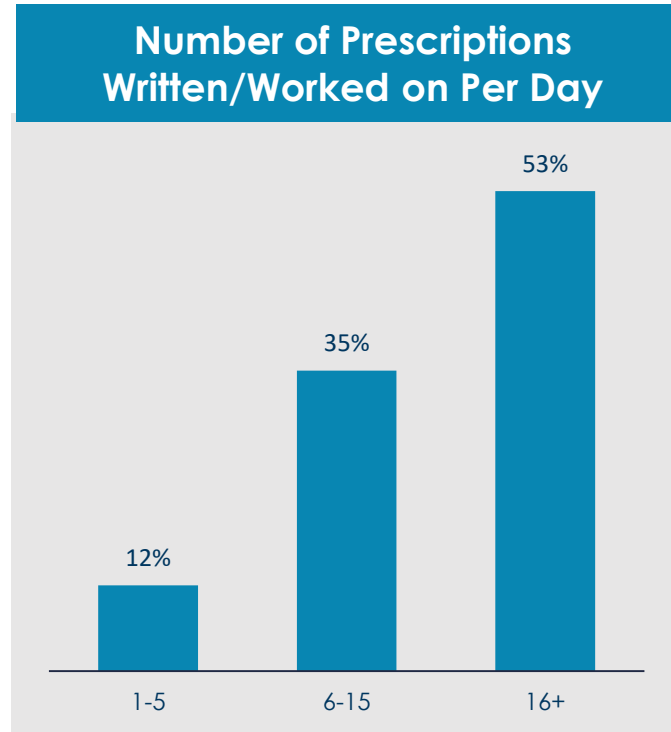


Specialty medications are fraught with challenges; key for stakeholders is to identify ways to reduce provider burden while improving path from prescription to dispense

SURVEY RESULTS

PROVIDER VIEWPOINTS ON PRESCRIBING SPECIALTY MEDICATIONS

RESPONDENT DEMOGRAPHICS



PROVIDER VIEWPOINT OF SPECIALTY CHALLENGES

Drug Selection



- Select drug
- Formulary review
- Lower cost alternatives
- Patient cost



No Indication of How and Where to Send Prescription



- No indication whether prior authorization (PA) or who owns PA
- Hub service provider or mandated
- Enrollment data required
- Limited distribution
- Pharmacy restrictions



Document Information Gathering

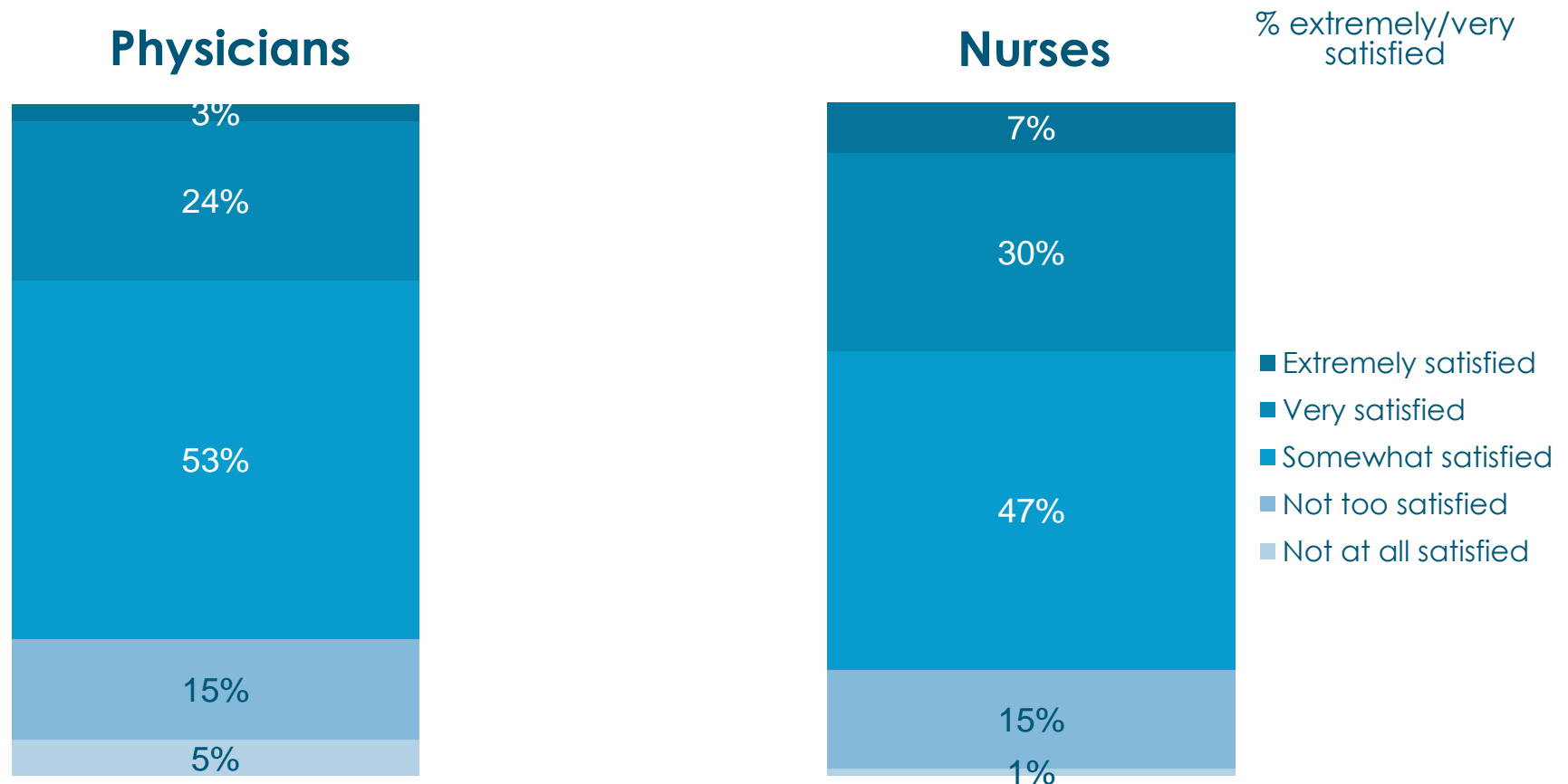


- Paper prescription
- Prior authorization
- Patient information
- Financial information
- REMS

OVERALL PRESCRIBING EXPERIENCE

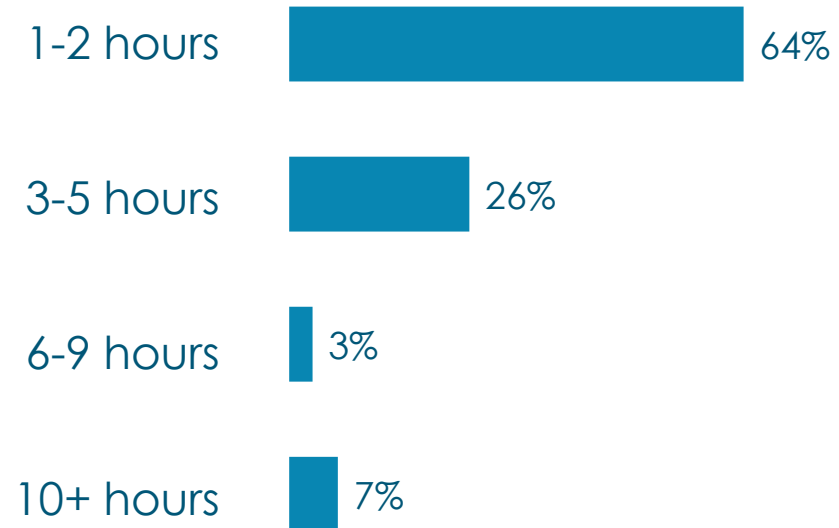
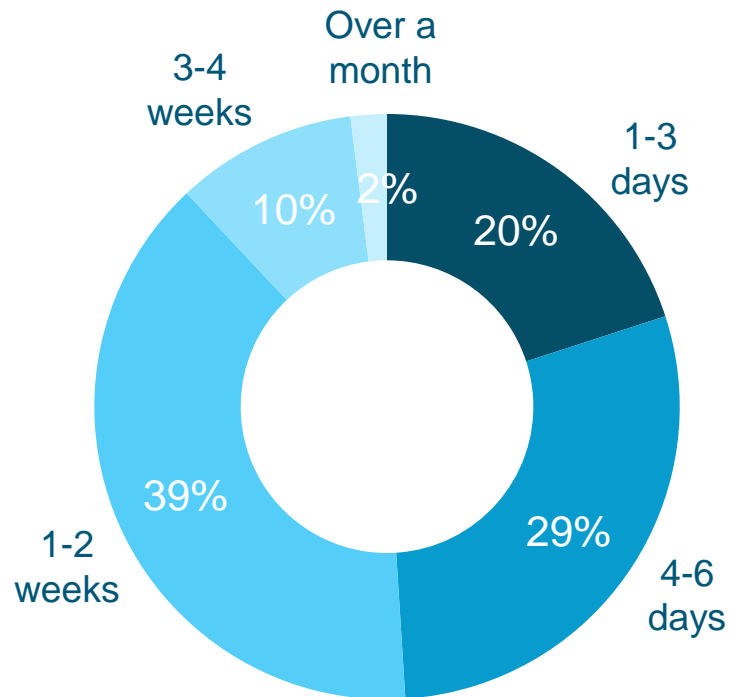
LESS THAN ONE-THIRD OF RESPONDENTS ARE SATISFIED WITH THEIR ORGANIZATION'S EFFICIENCY WHEN PRESCRIBING SPECIALTY MEDICATION

How satisfied are you with the efficiency of your [practice/organization]'s processes when prescribing specialty medication to your patients?



NEARLY 40% OF RESPONDENTS SAY IT CAN TAKE 1-2 WEEKS TO GET PATIENTS ON A SPECIALTY MEDICATION, AND THEY ARE SPENDING AN AVERAGE 3.0 HOURS A WEEK FILLING OUT PAPERWORK TO GET PATIENT ON A SPECIALTY MEDICATION

On average, how long does it take to get patients on a new specialty therapy? Assuming a 40-hour work week, approximately how many hours do you spend filling out all forms required for specialty prescriptions?

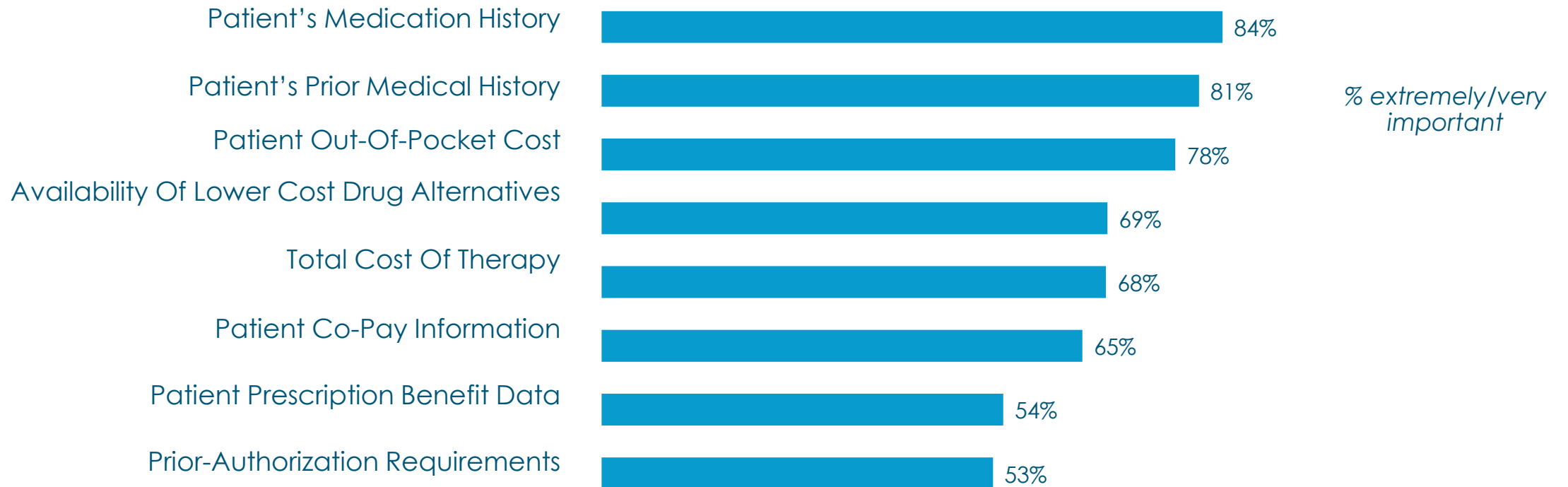


PAIN POINT: CHALLENGES WITH KEY INFORMATION FOR SELECTING A DRUG

COMPLETENESS AND TRUSTWORTHINESS OF DATA

KEY INFORMATION NEEDED WHEN PRESCRIBING MEDICATIONS INCLUDES HISTORICAL DATA AND FINANCIAL DATA

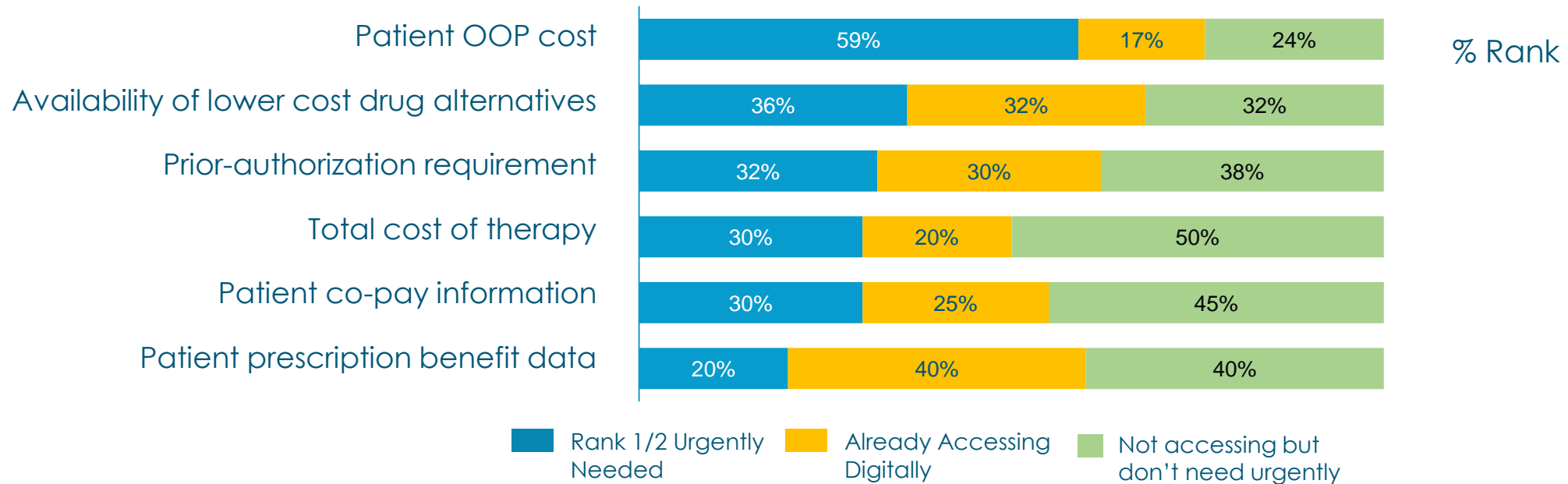
Now, using the scale provided, please rate how important you consider each of the following pieces of information to be when [assisting with] prescribing:



EHR'S CURRENTLY PROVIDE PATIENT MEDICATION HISTORY DATA, BUT FALL BEHIND IN MEDICATION-RELATED FINANCIAL AND COST INFORMATION

Of the types of information you consider when prescribing to your patients [assisting with prescribing], what information, if any, are you able to access digitally?
 Of those you are not accessing digitally, rank the top 3 most urgent pieces of information you would like to access digitally.

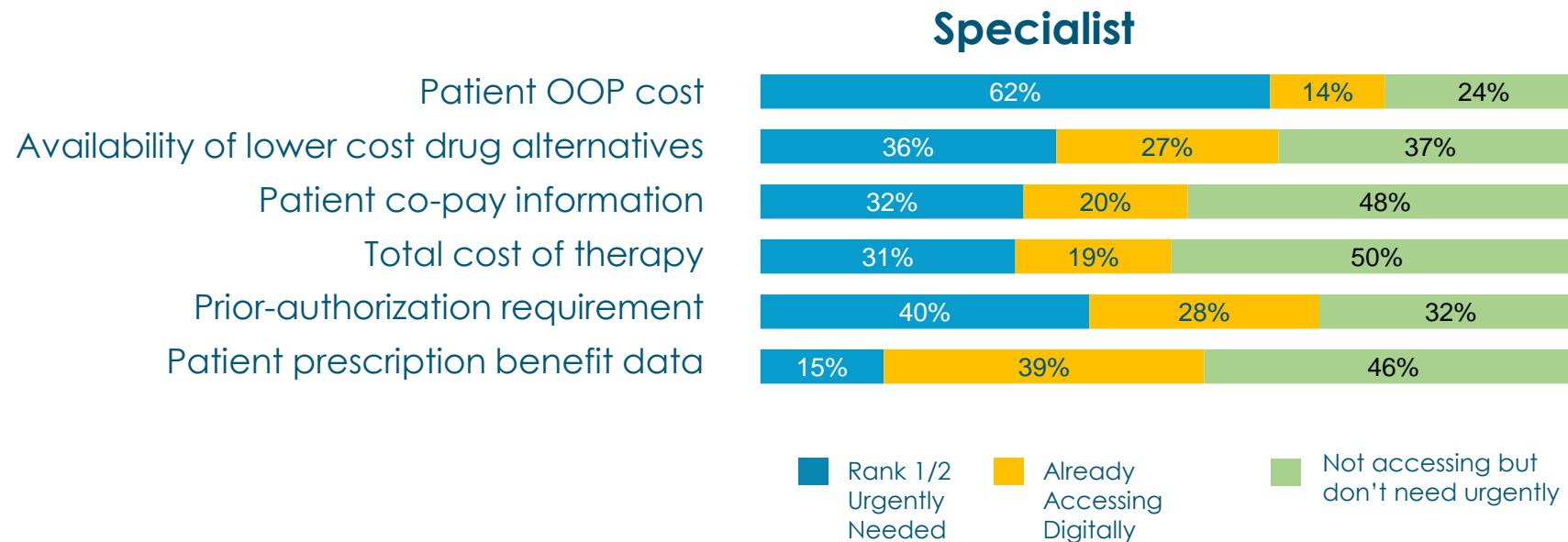
URGENCY OF DIGITAL ACCESS
 (AMONG THOSE CONSIDERING EACH ITEM WHEN PRESCRIBING)



SPECIALISTS RANK THE URGENCY OF DIGITAL ACCESS TO PRIOR AUTHORIZATION REQUIREMENTS HIGHER THAN PCPS

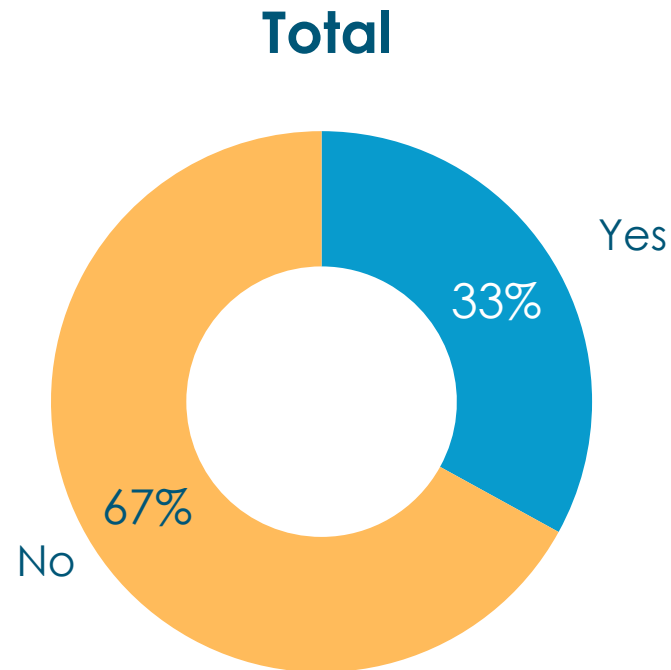
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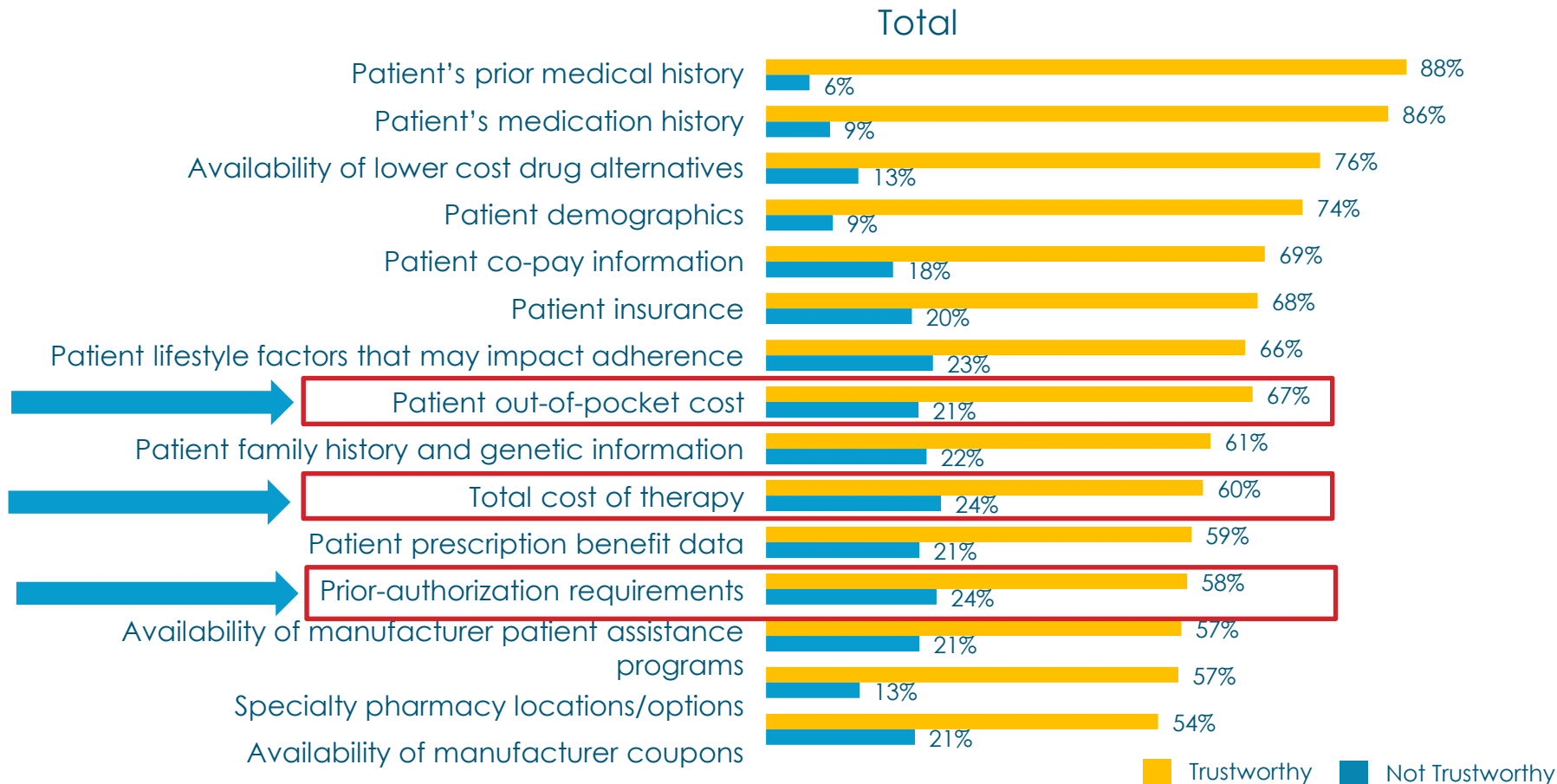
TWO-THIRDS OF HCPS REPORT THAT THEY DO NOT HAVE EXPERIENCE ACCESSING PRESCRIPTION PRICE INFORMATION ELECTRONICALLY

Do you have experience accessing prescription price information electronically?



ONE-QUARTER OF HCPS DO NOT TRUST INFORMATION ON COST OF MEDICATION AND PRIOR-AUTHORIZATION REQUIREMENTS

Thinking again about these pieces of information, how trustworthy do you consider each of the following?

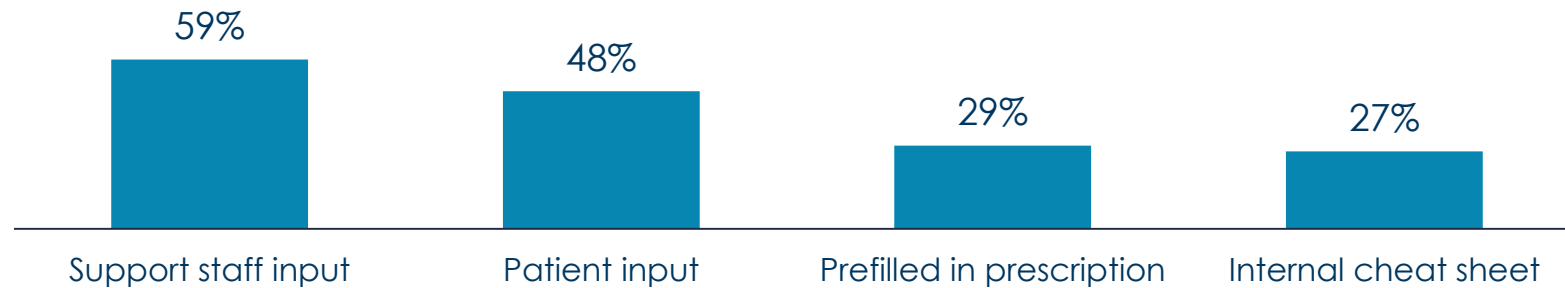


PAIN POINT: CHALLENGES WITH KEY INFORMATION FOR SUBMITTING PRESCRIPTION AND DOCUMENT GATHERING

RELIANCE ON STAFF EXPERTISE, NOT AUTOMATION

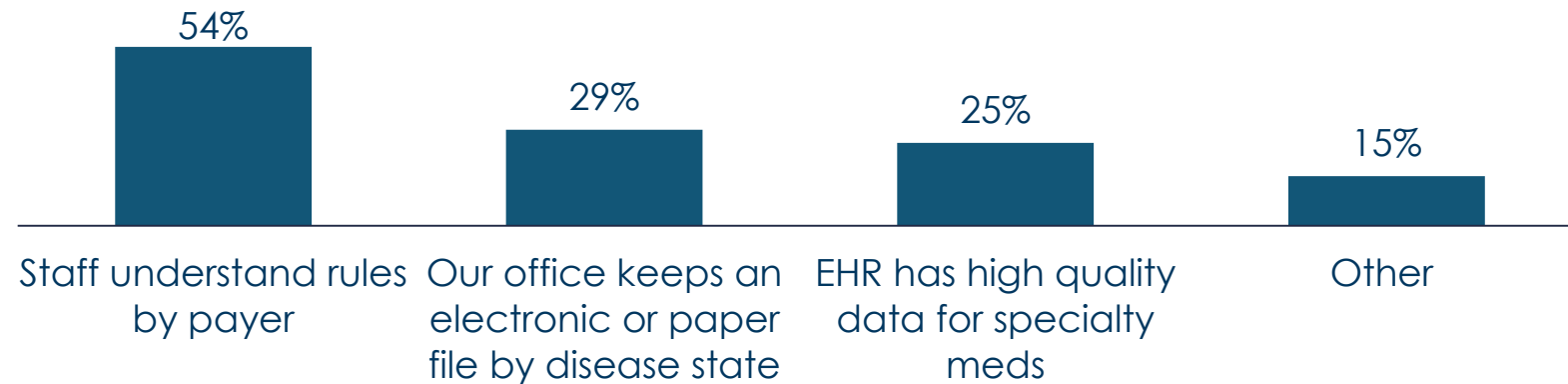
MOST PRESCRIBERS RELY ON SUPPORT STAFF OR PATIENT INPUT TO DETERMINE WHERE TO SEND PRESCRIPTIONS THAT REQUIRE A SPECIALTY PHARMACY

How do you determine where to send prescriptions that require a specialty pharmacy?



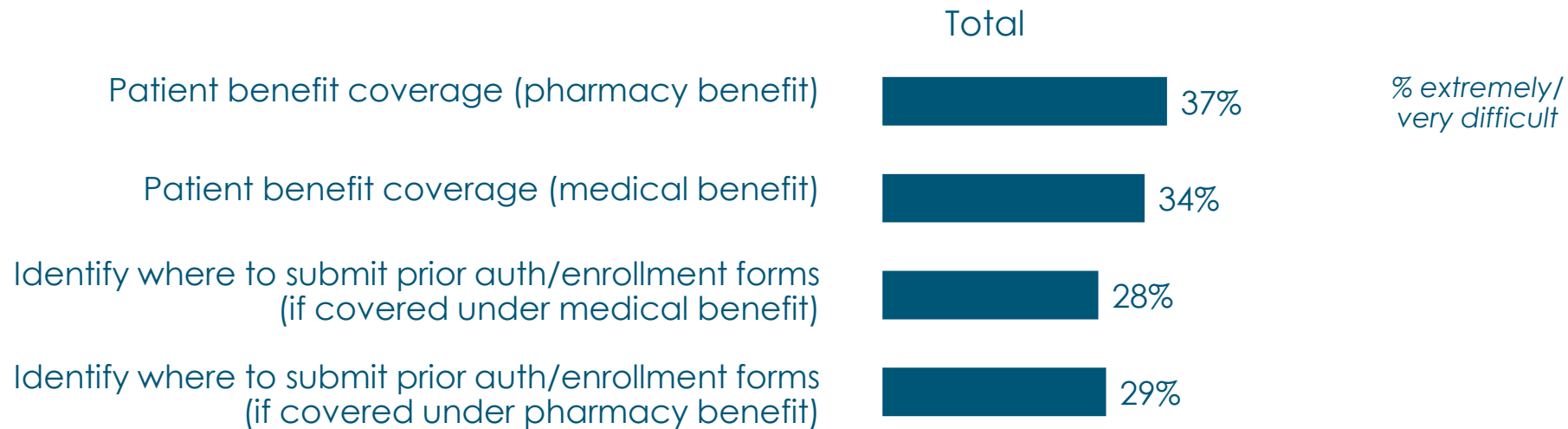
PHYSICIANS ALSO RELY ON STAFF TO DETERMINE IF ADDITIONAL DOCUMENTATION IS REQUIRED

How do you determine if there is additional documentation required and/or predecessor screening tasks for a specialty medication?



NEARLY ONE-THIRD OF ALL RESPONDENTS FIND IDENTIFICATION OF CRITERIA TO BE VERY OR EXTREMELY DIFFICULT

How difficult is it for your [practice/organization] to identify the following criteria when prescribing specialty medication to your patients?



OPPORTUNITIES FOR IMPROVEMENT

RIGHT INFORMATION AT POINT-OF-CARE

4 IN 10 RESPONDENTS BELIEVE PRESCRIBING CAN BE IMPROVED IF THEY HAVE THE INFORMATION NEEDED TO PRESCRIBE AT THEIR FINGERTIPS – PARTICULARLY WHEN IT COMES TO DRUG COST AND COVERAGE

In your opinion, what does it mean to be more efficient when prescribing?

	Total
Information Availability	43%
Coverage/ benefit/ formulary information available	15%
Price/cost available/ know the price/cost	13%
Co-pay/ deductible/ out-of-pocket costs/ information available	12%
Shows generic/ less-expensive alternatives	5%

TIME FOR ACTION

OPPORTUNITIES TO CLOSE THE GAP

INDUSTRY MOVEMENT TOWARD STREAMLINED PROCESSES



Regulatory activity reignited

- HR6 Enacted
 - Electronic prior authorizations will be mandated for covered Part D drugs
- NPRM related to Real-Time Benefit Tools
- CMS pushing to kill fax and reduce burden
 - HHS Secretary Seema Verma proclaims at August ONC meetings to “Kill the Fax by 2020”
- Opioid legislation passed includes electronic prior authorization



Industry solutions focused on pain points

- HL7 FHIR (Fast Health Interoperable Resources) built into 2018 forward versions of major EHRs
 - Enabling combination of clinical and administrative data (HL7 DaVinci project)
- Vendors providing innovative automation solutions
 - ePA
 - Real-Time Benefit Check
 - Specialty Enrollment



Real action in standards organizations

- Existing standards available for immediate implementation
- Continued work on new transactions to streamline process

THERE'S A STANDARD FOR THAT

ORGANIZATION	STANDARD	ADDRESSABLE PAIN POINT	WHO SHOULD IMPLEMENT?
NCPDP	Real-Time Benefit Check (RTBC)	Availability of and trustworthiness of data. Provides alternatives and more accurate patient cost information	PBMs and EHR vendors; Pharmacies can also implement through their systems
NCPDP	REMS	Document Information Gathering	Pharmacies and EHR vendors
NCPDP	Electronic Prior Authorization (ePA)	Faster turn-around of prior authorization approvals	Pharmacies – new pharmacy initiated use case
NCPDP	Specialty Pharmacy Reporting and Data Exchange	Overall prescribing experience	Pharmacies and Manufacturers

DEVELOPMENT OF NEW STANDARDS

ORGANIZATION	WORKGROUP/ STANDARD	ADDRESSABLE PAIN POINT	WHO SHOULD PARTICIPATE?
NCPDP	Specialty Requirements for ePrescribing	Key information for sending prescription. Document gathering.	Pharmacies, EHR Vendors, Manufacturers, HUB Vendors, HIT Software Vendors
NCPDP	Benefit Identification	Focus on how to begin to unravel question of where to bring specialty drug prescriptions or orders	Pharmacies, EHR Vendors, Manufacturers, HUB Vendors, HIT Software vendors, PBMs, Medical Payers
HL7	FHIR	Enables provider partners to retrieve initial and expanding set of clinical data via standard application programming interfaces (API)	Pharmacies, EHR Vendors, Manufacturers, HUB Vendors, HIT Software Vendors, PBMs, Medical Payers
HL7	FHIR	Coverage Requirements Discovery: Private industry focus to identify prior authorization and predecessor tasks for medical procedures, services, referrals, DME, and other benefits	Pharmacies, EHR Vendors, Manufacturers, HUB Vendors, HIT Software Vendors, PBMs, Medical Payers

SUMMARY



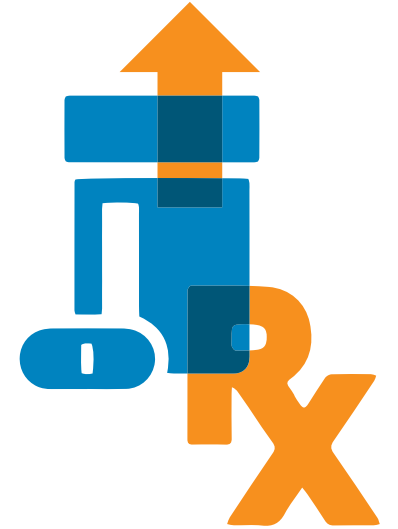
**Identification of
Key Pain Points**



**Industry
Collaboration**



**Stakeholder
Participation**



**Improved Specialty
Medication
Prescribing Process**

▪ Questions?

QUESTIONS
