The Scope of e-Prescribing Trends and Implications

Tony Schueth
Chief Executive Officer & Managing Partner
Electronic Health Records (EHRs) are at the Central Nervous System of Healthcare today

HCPs use their EHR to write the majority of prescriptions, whether they’re being transmitted electronically to the pharmacy or printed and provided to the patient.

EHRs are becoming the digital platforms where doctors practice. >80% of office-based physicians are using EHRs.

HCPs spend an average of 4 hours per day using their EHRs, twice as long as on all other digital resources combined.

References: CMI Media; Decision Resource Group; GHG
Electronic Health Records (EHRs) are also being used to ...

- Screen patients before visits
- Collect feedback on existing treatments to suggest when a change is needed
- Precisely collect information to suggest the product and exact dose for patients with complications
- Automate the creation of the entire treatment plan
- Implement measures for value-based care
- Coach patients on the use of the patient portal
- Request prior authorizations electronically/receive responses
HCPs have fully adopted basic EHR functions... and users are satisfied

<table>
<thead>
<tr>
<th>Adoption and Perceived Ease of Use of EHR Functionalities</th>
<th>Adoption</th>
<th>Ease of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Documentation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recording a patient problem list</td>
<td>94%</td>
<td>86%</td>
</tr>
<tr>
<td>Recording a comprehensive list of the patient’s medications and allergies</td>
<td>98%</td>
<td>84%</td>
</tr>
<tr>
<td>Recording clinical notes</td>
<td>97%</td>
<td>83%</td>
</tr>
<tr>
<td><strong>Ordering</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordering prescriptions electronically (sending a prescription directly to a pharmacy at the point-of-care)</td>
<td>91%</td>
<td>88%</td>
</tr>
<tr>
<td>Ordering lab tests electronically at point-of-care</td>
<td>72%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Viewing results and quality measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viewing lab results</td>
<td>88%</td>
<td>91%</td>
</tr>
<tr>
<td>Viewing imaging reports</td>
<td>82%</td>
<td>85%</td>
</tr>
<tr>
<td>Viewing data on quality-of-care measures</td>
<td>62%</td>
<td>63%</td>
</tr>
<tr>
<td><strong>Decision support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical decision support (e.g., alerts for drug interactions or contraindications)</td>
<td>86%</td>
<td>84%</td>
</tr>
<tr>
<td>Providing reminders for guideline-based interventions or screening tests</td>
<td>64%</td>
<td>69%</td>
</tr>
<tr>
<td><strong>Patient engagement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providing patients with clinical summaries for each visit</td>
<td>75%</td>
<td>80%</td>
</tr>
<tr>
<td>Exchanging secure messages with patients</td>
<td>42%</td>
<td>68%</td>
</tr>
<tr>
<td><strong>Clinical data exchange</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exchanging patient clinical summaries with other physicians</td>
<td>77%</td>
<td>76%</td>
</tr>
<tr>
<td>Public health reporting</td>
<td>40%</td>
<td>49%</td>
</tr>
</tbody>
</table>

Physician Attitudes on Ease of Use of EHR Functionalities Related to Meaningful Use, American Journal of Managed Care, Dec 2015
Current ePrescribing Flow

PHYSICIAN PRACTICE
EHR with eRx System

Request Eligibility, Drug History

A1

Intermediary
Response

A2

PBM or PLAN
Claims Processing System Benefit
Plan Rules, Formulary, History

PHARMACY
Pharmacy Dispensing System

B

Electronic Transmission (EDI)

New Rx
Refill Request
Refill Auth/Denial
Change Request

C

Drug Info Database
Formulary Database
Pharmacy Directory

Pharmacy Directory
The Evolution of ePrescribing

ADOPTION

Utilization

Quality

Optimization

85% of Ambulatory Prescribers Now Prescribing Electronically*

>77% of Prescriptions Now Transmitted Electronically

*69% of all prescribers

Source: Surescripts National Progress Report on ePrescribing 2018, personal conversations
Quality Era
Improvements in ePrescription Quality

- Early claims-based studies showed a decrease in errors as a result of eRx; major issues:
  - Illegible handwriting
  - Sig clarification required

- Later studies showed an increase. Types:
  - Wrong quantity
  - Potential drug interactions

*Bottom line: ePrescribing reduced some kinds of errors but could introduce – unintentionally – others.*

- Impact on outcomes is unclear; however, the value of ePrescribing is the efficiency improvements in the physician’s office and pharmacy. And, pharmacy has reported that it takes as much time to follow-up on the 10% of eRxs that contain errors as the time saved from receiving them electronically.

- EHRs were encouraged to provide a verification screen before hitting send.
- The industry began to dig deeper, and identified other quality measures

**26% GREATER ACCURACY SINCE 2016**

<table>
<thead>
<tr>
<th>Percent of e-Prescriptions That Met Quality Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRUG DESCRIPTION</td>
</tr>
<tr>
<td>STRUCTURED &amp; CODIFIED SIG</td>
</tr>
<tr>
<td>POTENCY UNIT CODE</td>
</tr>
<tr>
<td>REPRESENTATIVE NATIONAL DRUG CODE (NDC)</td>
</tr>
<tr>
<td>RXNORM</td>
</tr>
</tbody>
</table>

*Source: Surescripts National Progress Report, 2017*
Accuracy at the drug coverage level -- which tells a provider whether a drug is on or off formulary -- is high. This helps the physician avoid call-backs from the pharmacy.

Accuracy of tier/preferred level is low. The provider is unlikely to view tier/preferred level information in detail while prescribing; however, tier levels may impact patient out of pocket costs at the pharmacy.

Inaccuracy of coverage limit is low though improving. Coverage limit is where the Prior Authorization (PA) flag is displayed.
Optimization Era: Overview
Trends in the Optimization Era

Prescribing Regulations
- ePrescribing
- Opioid Crisis
- Electronic Prior Authorization
- Biosimilars

Enhanced Prescription Decision Support
- Enhanced F&B
- Real-Time Benefit Check
- Electronic Prior Authorization

ePrescribing of Controlled Substances (EPCS)
- Increasing Utilization
- PDMP Integration

Specialty ePrescribing
- Accurate Rx Routing
- Improving Pharmacy/Hub Enrollment
ePrescribing Regulations
State Legislative/Regulatory Activity  (As of May 2018)

- **Electronic Prescribing of Controlled Substances (EPCS)**
  - 22 states have current or pending EPCS legislation

- **Electronic Prior Authorization**
  - 33 states have current or pending ePA legislation
    - 14 require support for ePA transaction, 11 specify NCPDP standard

- **Opiate Crisis**
  - States are ramping up on rules governing controlled substance prescribing including new limits on prescribing e.g. days supply maximums; limits by prescriber type
    - 39 States have controlled substance (CS) schedule variances and 42 states have CS limitations
  - PDMP programs are issuing new mandates for prescriber registration and utilization
    - 40 States have Prescriber PDMP mandates; all states except MO have dispenser reporting mandates

- **Biosimilars**
  - 41 States have implemented new rules to govern biosimilar substitution

Source: Point-of-Care Partners’ ePrescribing State Law Review April 2018
### Pending Federal Legislation


- To provide for electronic prior authorization under Medicare Part D for covered Part D drugs
- A facsimile, proprietary payer portal, or electronic form will not be treated as an electronic transmission under the Act
- Transmission must comply with technical standards adopted by the Secretary in consultation with NCPDP; other standard setting organizations selected by the Secretary and other stakeholders

#### Sense of Congress:

- Reduce access delays by resolving coverage issues before prescriptions for drugs are transmitted
- Greater priority should be placed on increasing the use of electronic prior authorization among prescribers of such drugs, pharmacies, PDP sponsors and Medicare Advantage organizations

#### Every Prescription Conveyed Securely Act (H.R. 3528 / S. 2460)

- Requires ePrescribing for coverage of covered Part D controlled substances
- Does not apply if prescriber and dispenser are the same entity or if the prescription cannot be transmitted due to constraints of the NCPDP SCRIPT standard
- Hardship waiver available, not to exceed one year but plan sponsor or pharmacy not responsible for verifying waiver in place

**Source:** Academy of Managed Care Pharmacy
Enhanced Prescription Decision Support
Stars are Aligning for ePA

The Situation

- 10% of claims are rejected at the pharmacy
- Of those, 66% require PA
- Of those, 36% are abandoned

State Legislation

- Requires support for ePA transaction, must specify HIPAA standard
- Allow electronic submission, standard method either not specified or nonstandard
- Legislation proposed or rules in development

Providers

- 31% of physicians reported knowing PA was required

EHR Availability

- 2018: 70% Available, 79% Committed
- 2017: 57% Available, 73% Committed
- 2016: 47% Available, 70% Committed
- 2015: 22% Available, 54% Committed

Payer Availability

- 2018: 90% Available, 96% Committed
- 2017: 90% Available, 96% Committed
- 2016: 68% Available, 87% Committed
- 2015: 60% Available, 68% Committed

Source: 2018 ePA National Adoption Scorecard
NCPDP Formulary & Benefit Enhancements

Migration from v1 to v3

**REMOVED**
- The Classification List and references to it (such as Drug Classification Information)
- Coverage Information Detail – Medical Necessity (MN) was removed.
- Coverage Information Detail – Resource Link – Summary Level (RS) has been removed.

**ADDED/CLARIFIED**
- Formulary Status ‘existing value 2’ was clarified to On Formulary/Non-Preferred.
- Text message support was added for Coverage and Copay Information.

**Version 5**
(partial list; estimated 1/1/21)

- Redesigned alternatives and step medications:
- Conditional step meds to support complex step med programs
- Support for indication coverage
- ePA support
- Specialty drug support: copay
- Allow min/max range w/o % copay
- Benefit stage copay (deductibles)
- Medicare Part D support
- Pharmacy network support
- Approximate drug cost
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)

<table>
<thead>
<tr>
<th>Category</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulary Status</td>
<td>Tier or Preferred Level</td>
</tr>
<tr>
<td>Coverage Alerts</td>
<td>Age &amp; Quantity Limits, <strong>Prior Authorization</strong> (PA), Step Therapy</td>
</tr>
<tr>
<td>Channel Options</td>
<td>Retail, Mail Order, Specialty</td>
</tr>
<tr>
<td>Member Price</td>
<td>Member Copay and Cost Sharing Details</td>
</tr>
<tr>
<td>Alternative Drugs</td>
<td>Preferred Formulary/ Lower Cost Options</td>
</tr>
</tbody>
</table>
1. The merger of RxHub and Surescripts was a major catalyst in connecting patient identities with a specific formulary.
2. NCPDP developed a standard format in which PBMS/payers should send formulary data to EHRs.
3. Government regulations helped to push along mandatory use of electronic formulary data by physician practices.
4. ONC NPRM released in Feb 2014 was the catalyst for NCPDP efforts around RTBI and subsequent demonstration projects.
RTBC in e-Prescribing Workflow

Patient Search → Patient Eligibility (270/271) → Drug Search → Drug Strength & Form Chosen

eRx is Sent or Changed → RTBC → eRx Review Screen Initiated → Sig Details Completed
ePrescribing of Controlled Substances
Impact of Opioid Crisis

States are implementing two key measures to combat prescription fraud and addiction:

• Mandatory Prescriber use of Prescription Drug Monitoring Programs (PDMPs):
  ➢ 40 states have current or pending Prescriber PDMP mandates

• Mandatory use of electronic prescribing for controlled substances. (EPCS):
  ➢ 22 states have current or pending EPCS mandates with wide rule variations
States Where EPCS is Required

April 2018

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Why Mandates Matter

Source: Surescripts National Progress Report, 2017
State PDMPs

Pharmacies submit prescription data, others are able to view patient profile.

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Prescriber Access to PDMP

Prescriber PDMP Access Required

April 2018

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For all Controlled Substances
For Some Controlled Substance Prescriptions
Not Required

Prescriber must exit EHR workflow

Navigate to state website & manually login

Manually enter patient identifiers

Repeat steps to navigate to neighboring state(s) PDMP as needed

View PDMP report
Wait for report

4.22 minutes per patient
Specialty Flow

SPECIALTY PHARMACY

HUBS

IDNs

Drug Selection
- Drug in mind
- Formulary review

Prescription Routing
- Faxed to specialty pharmacy or HUB

Benefit Identification
- Pharmacy Benefit
- Medical Benefit
- HUB

Documentation Information Gathering
- Prescription
- Prior Authorization
- Patient information
- Financial information
- REMS

Dispense
- Dispense
- Ship to office
- Drop-Ship

Administer
- In-Office
- Infusion Center
- Self-Administer

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eRx Challenges in Specialty

• Multiple, evolving prescription data elements needed based on new treatments
• Prescriber education, training and office resources
• ePA needs to occur in conjunction with eRx
• Limited distribution and networks
• Unique REMS requirements
Thank you

Tony Schueth

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