

# The Scope of e-Prescribing Trends and Implications

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*Chief Executive Officer & Managing Partner*



# Electronic Health Records (EHRs) are at the Central Nervous System of Healthcare today

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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

# Electronic Health Records (EHRs) are also being used to ...



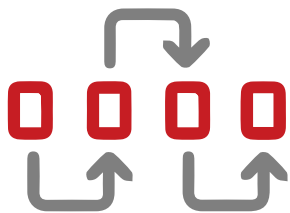
Screen patients before visits



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

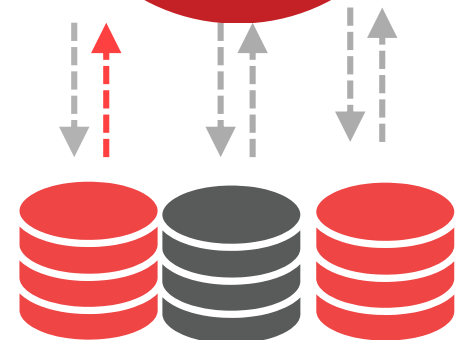
Adoption and Perceived Ease of Use of EHR Functionalities	Adoption	Ease of Use
<b>Documentation</b>		
Recording a patient problem list	94%	86%
Recording a comprehensive list of the patient's medications and allergies	98%	84%
Recording clinical notes	97%	83%
<b>Ordering</b>		
Ordering prescriptions electronically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

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

# Current ePrescribing Flow

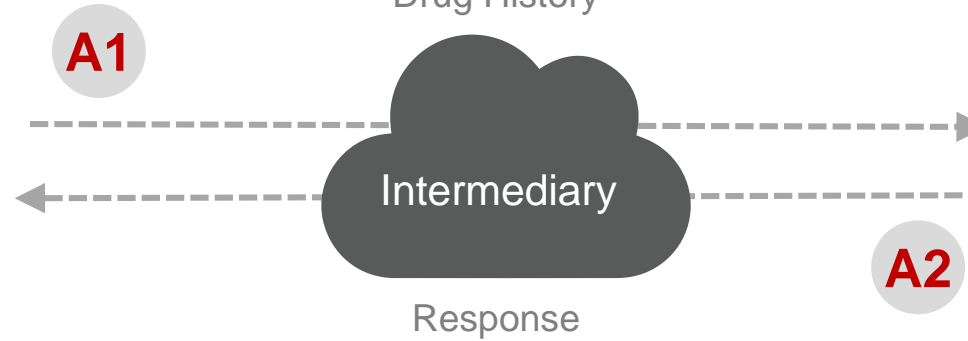


PHYSICIAN PRACTICE  
EHR with eRx System

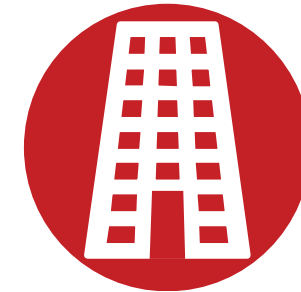


Drug Info Database   Formulary Database   Pharmacy Directory

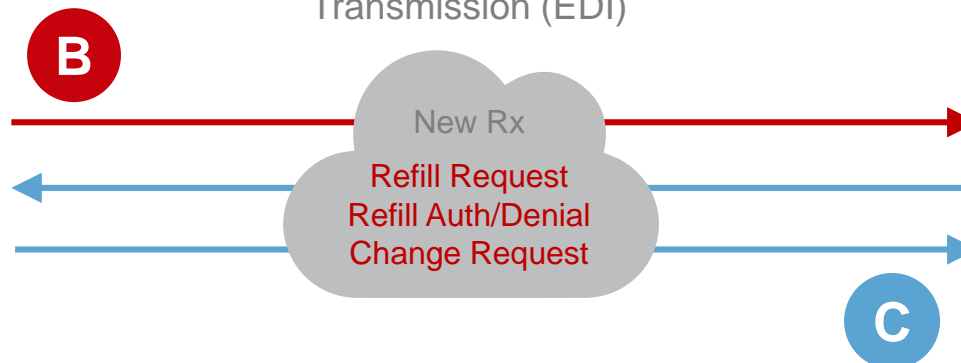
Request Eligibility,  
Drug History



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



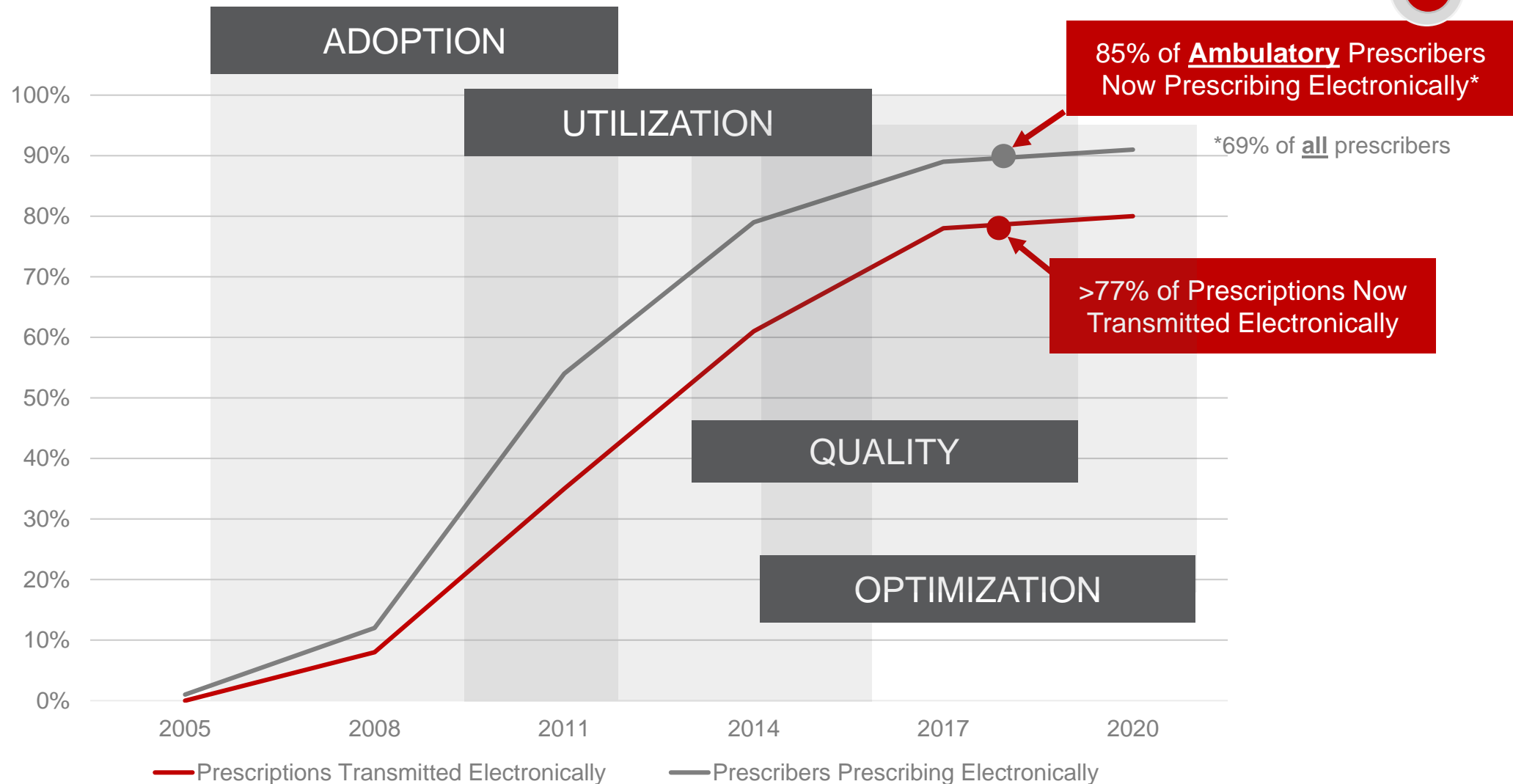
Electronic  
Transmission (EDI)



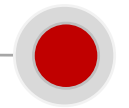
PHARMACY  
Pharmacy Dispensing System



# The Evolution of ePrescribing



## Quality Era



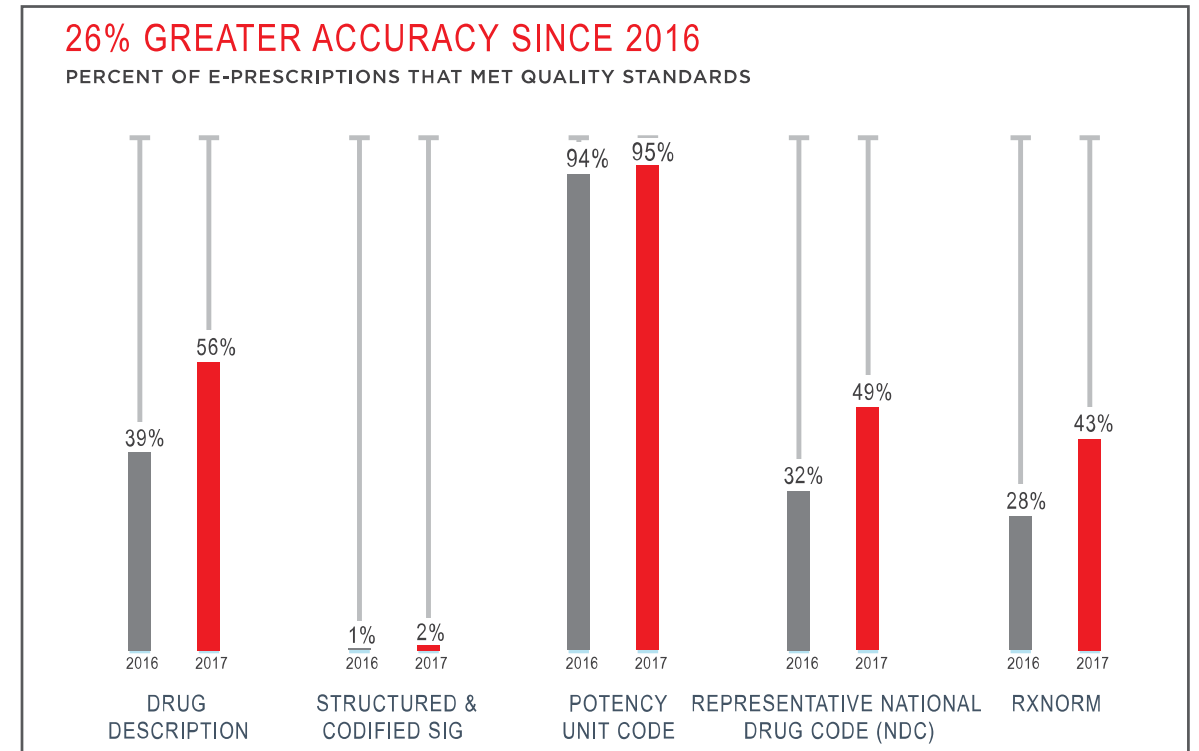
# Improvements in ePrescription Quality

- 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.*

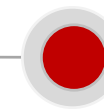
- Impact on outcomes is unclear; however, the value of ePrescribing is the efficiency improvements in the physician's office and pharmacy. And, pharmacy has reported that it takes as much time to follow-up on the 10% of eRxs that contain errors as the time saved from receiving them electronically.

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

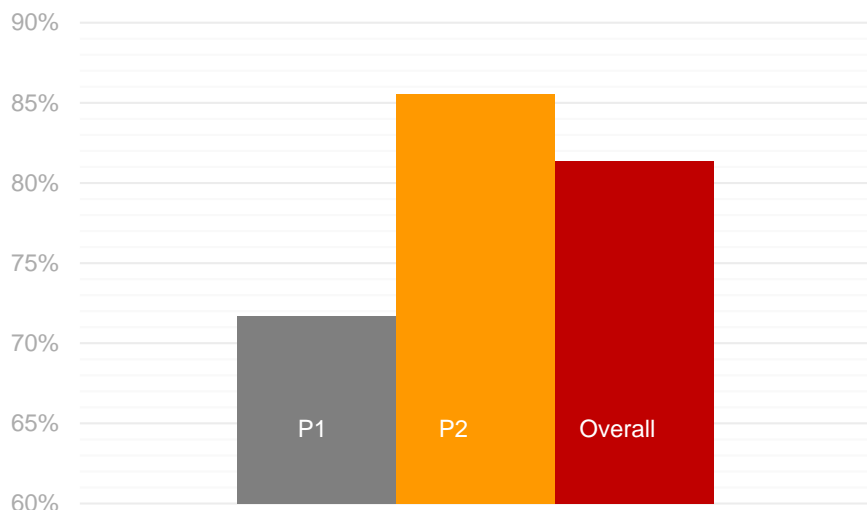




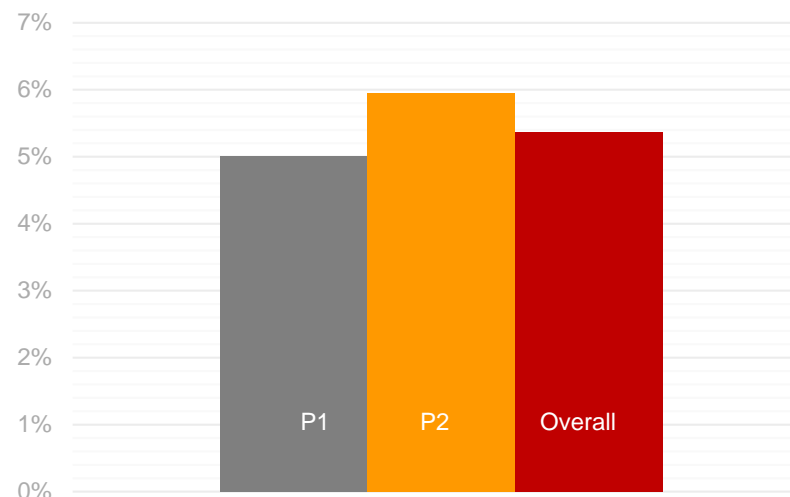
# Formulary Data Quality



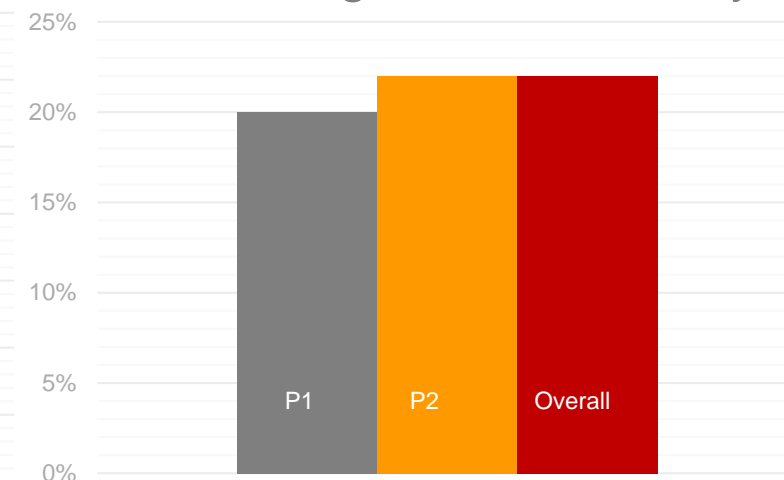
## Drug Coverage On/Off Accuracy



## Drug Tier Accuracy



## Coverage Limit Accuracy



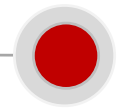
Accuracy at the drug coverage level -- which tells a provider whether a drug is **on or off formulary** -- is **high**. This helps the physician avoid call-backs from the pharmacy.

**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

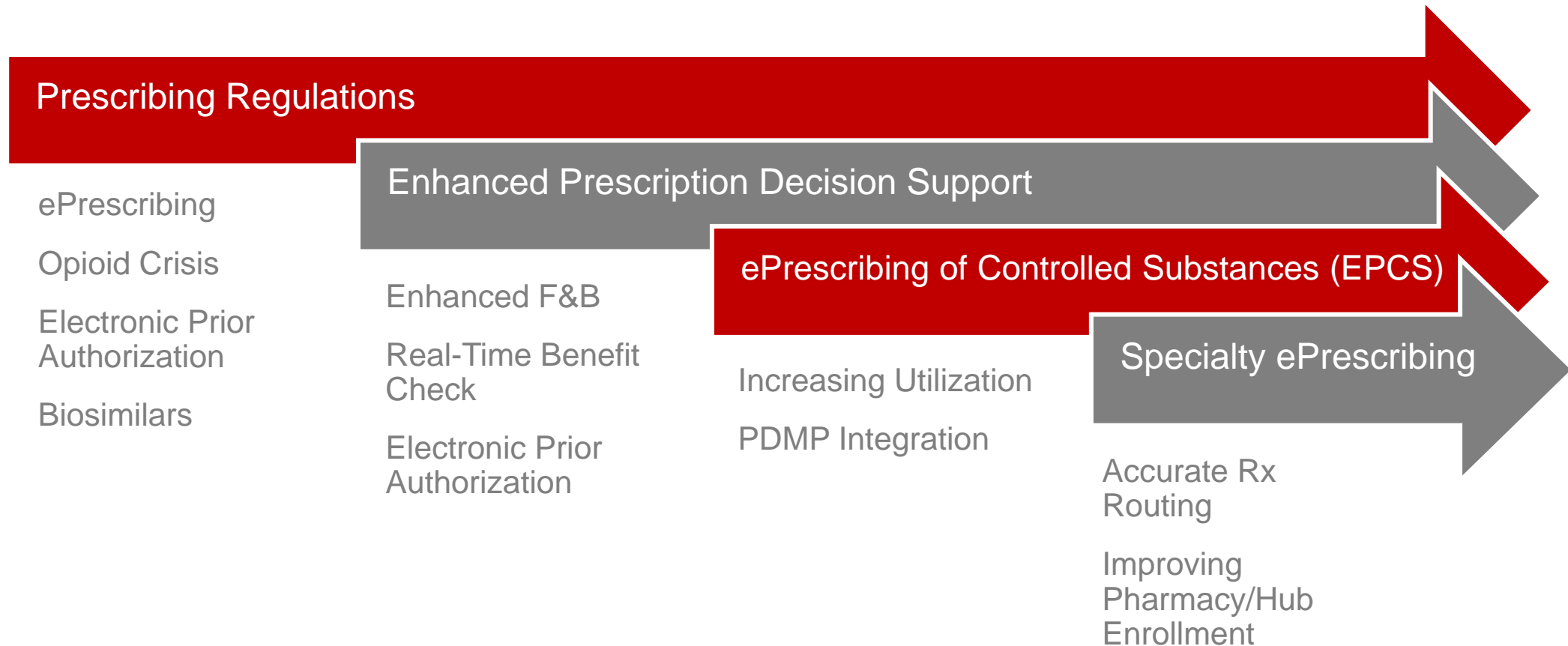
**Inaccuracy of coverage limit is low though improving.** Coverage limit is where the Prior Authorization (PA) flag is displayed.

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## Optimization Era: Overview

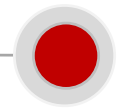


# Trends in the Optimization Era



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## **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



## Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018 (H.R. 4841)

- 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

## Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018

### *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

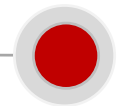
## Every Prescription Conveyed Securely Act (H.R. 3528 / S. 2460)

- 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

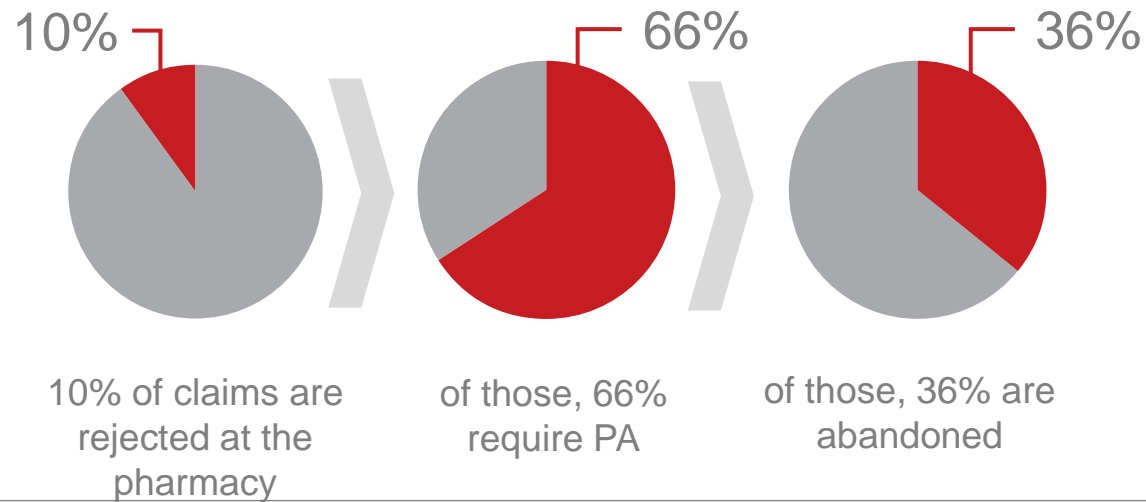
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## **Enhanced Prescription Decision Support**

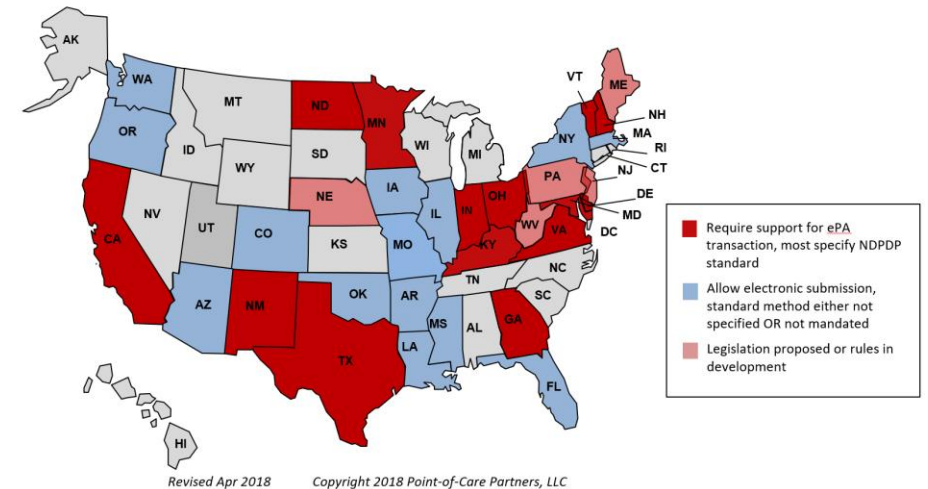


# Stars are Aligning for ePA

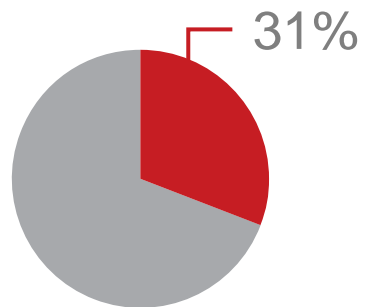
## The Situation



## State Legislation

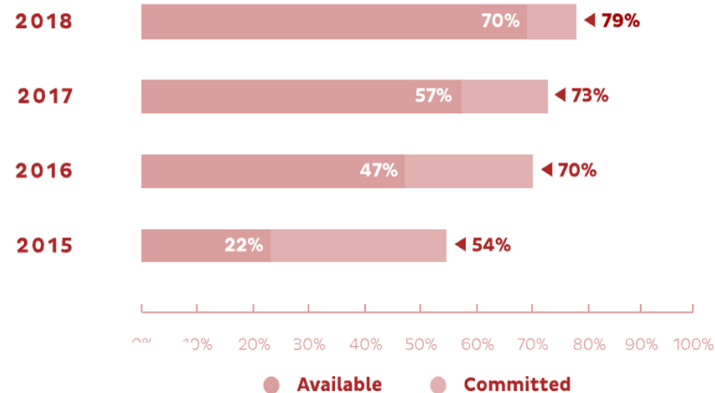


## Providers

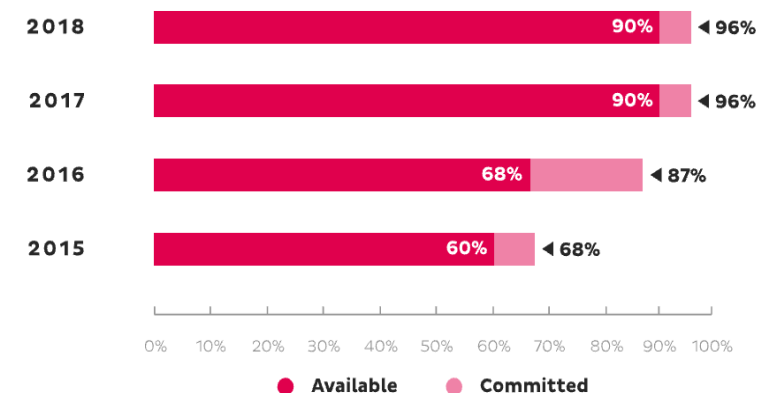


of physicians reported knowing PA was required

## EHR Availability



## Payer Availability





# NCPDP Formulary & Benefit Enhancements

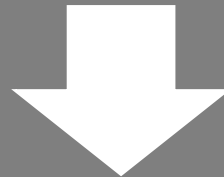
## Migration from v1 to v3

### 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)

## Formulary Status

Tier or Preferred Level

## Coverage Alerts

Age & Quantity Limits, **Prior Authorization (PA)**, **Step Therapy**

## Channel Options

Retail, Mail Order, Specialty

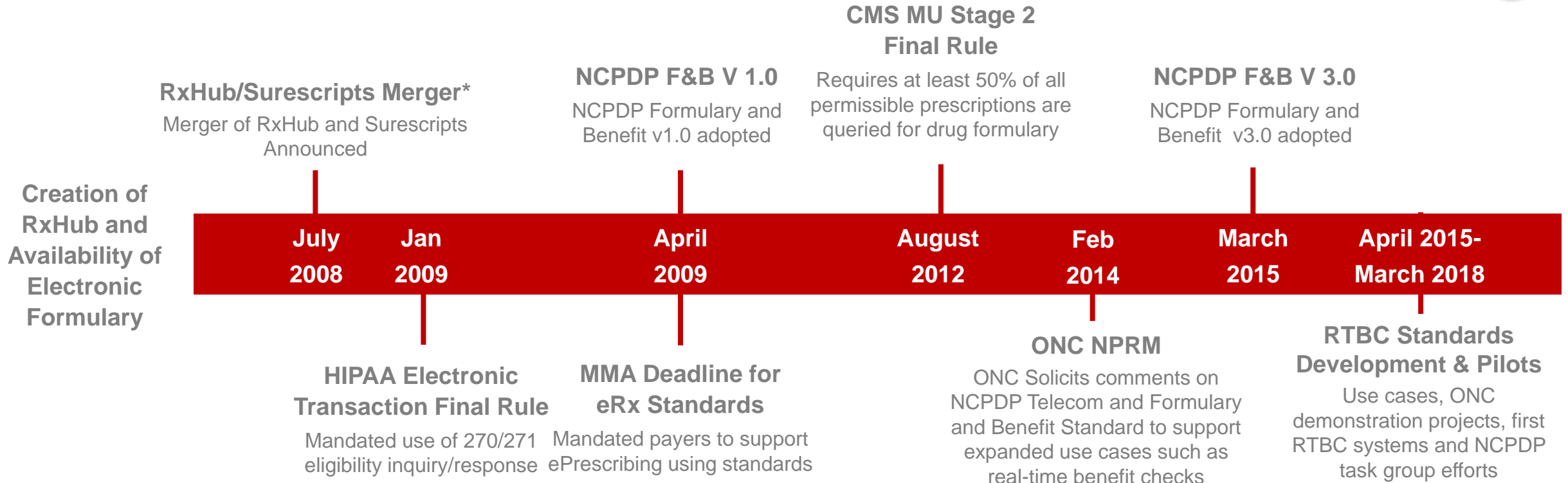
## Member Price

Member Copay and Cost Sharing Details

## Alternative Drugs

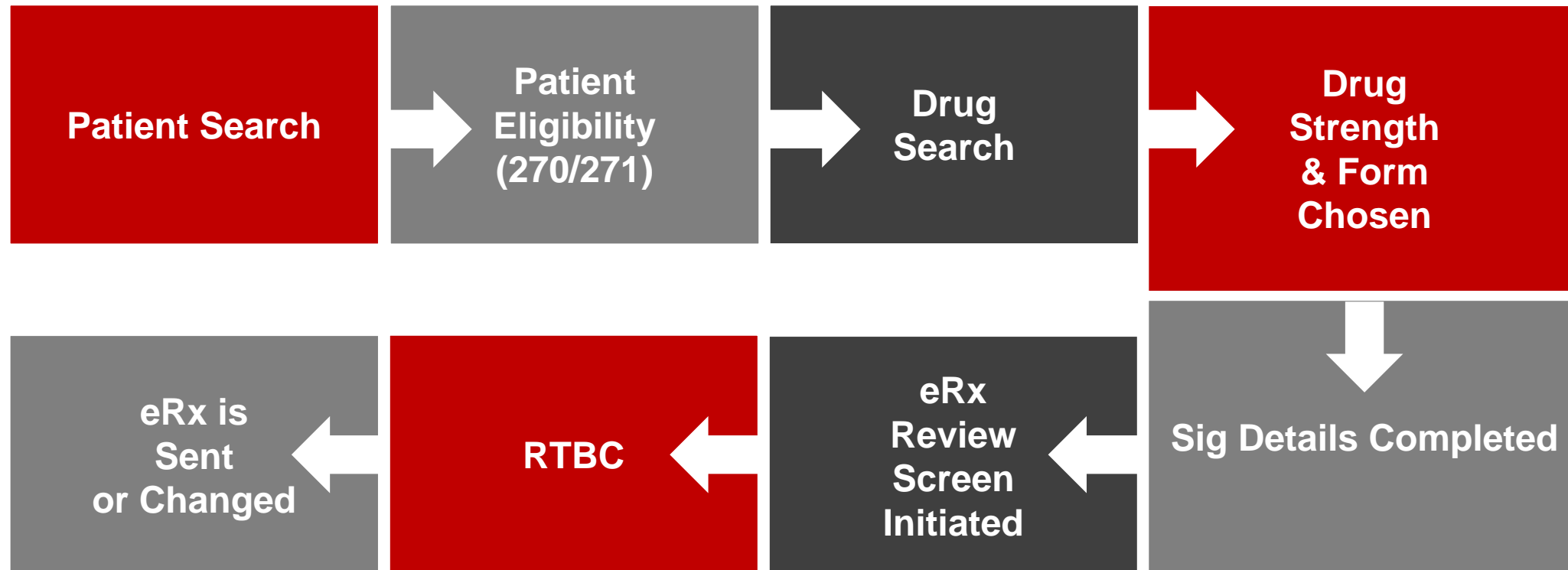
Preferred Formulary/ Lower Cost Options

# Formulary & Benefits/Real-Time Benefit Check (RTBC) Timeline



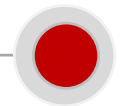
1. The merger of RxHub and Surescripts was a major catalyst in connecting patient identities with a specific formulary
2. NCPDP developed a standard format in which PBMS/payers should send formulary data to EHRs
3. Government regulations helped to push along mandatory use of electronic formulary data 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



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## **ePrescribing of Controlled Substances**

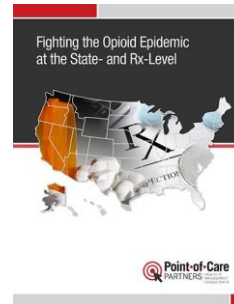


# Impact of Opioid Crisis



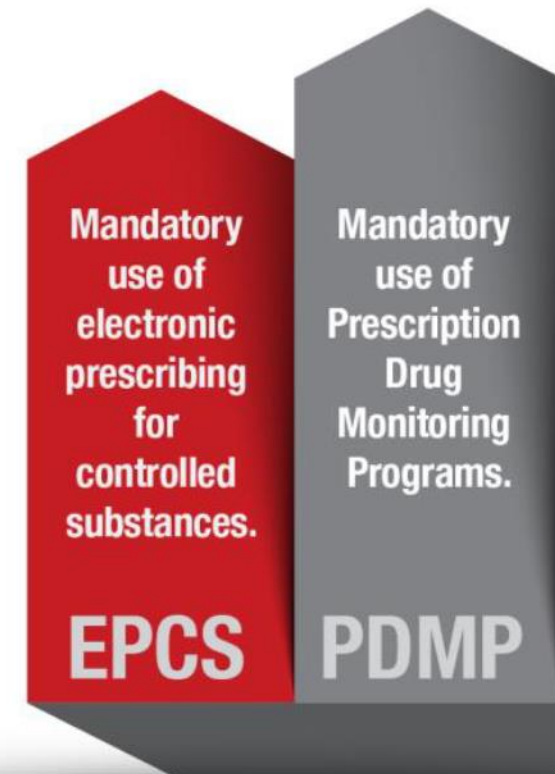
States are implementing two key measures to combat prescription fraud and addiction:

- 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



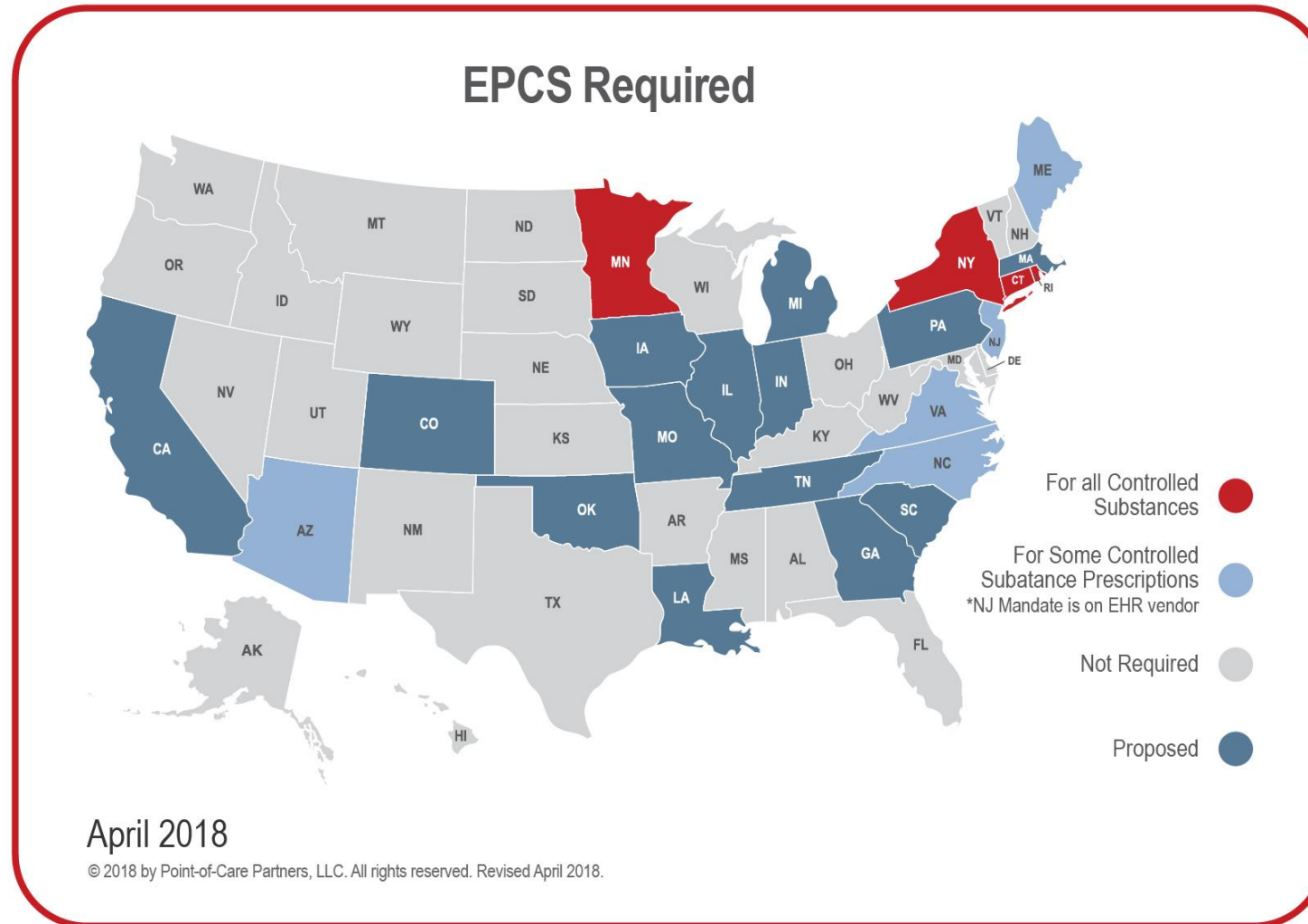
Trend

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

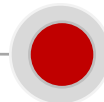


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# States Where EPCS is Required



# Why Mandates Matter



**JANUARY 2011**  
E-prescribing required for all prescriptions, including controlled substances  
(but with no specific penalties for noncompliance)



**MARCH 2016**  
E-prescribing required for all prescriptions, including controlled substances

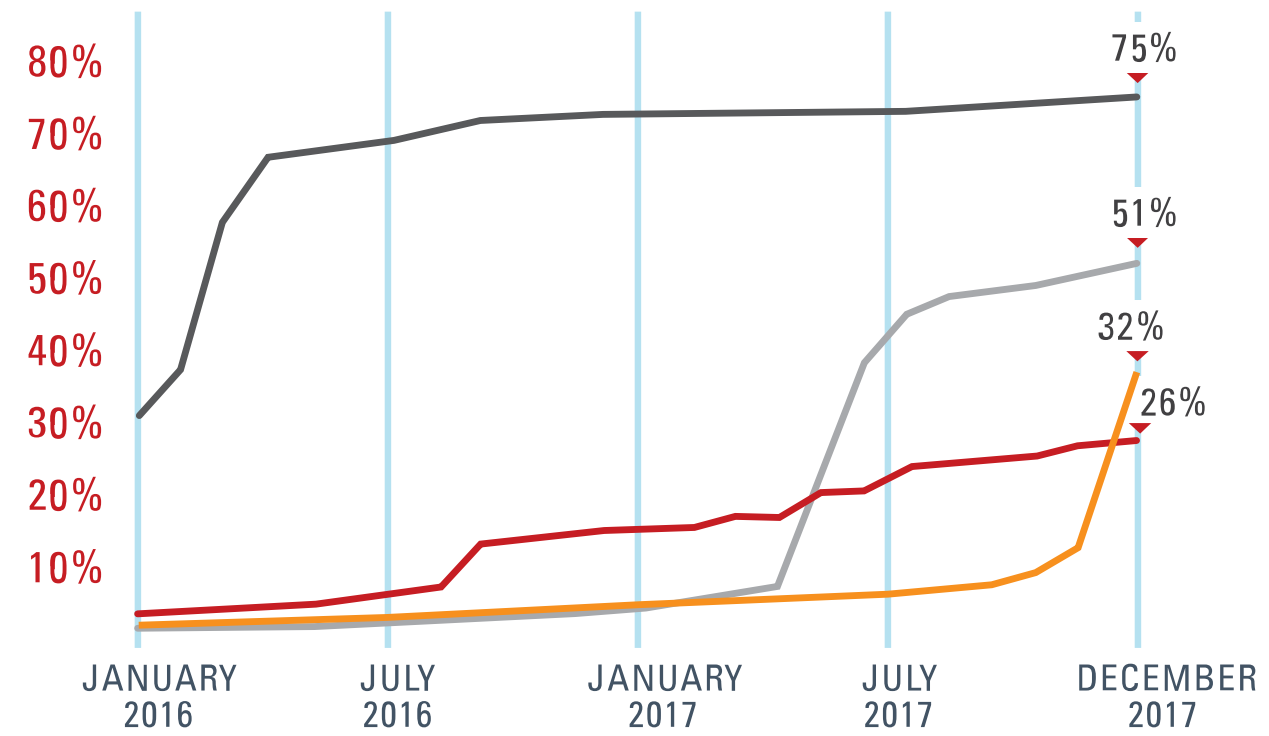


**JULY 2017**  
E-prescribing required for opioids



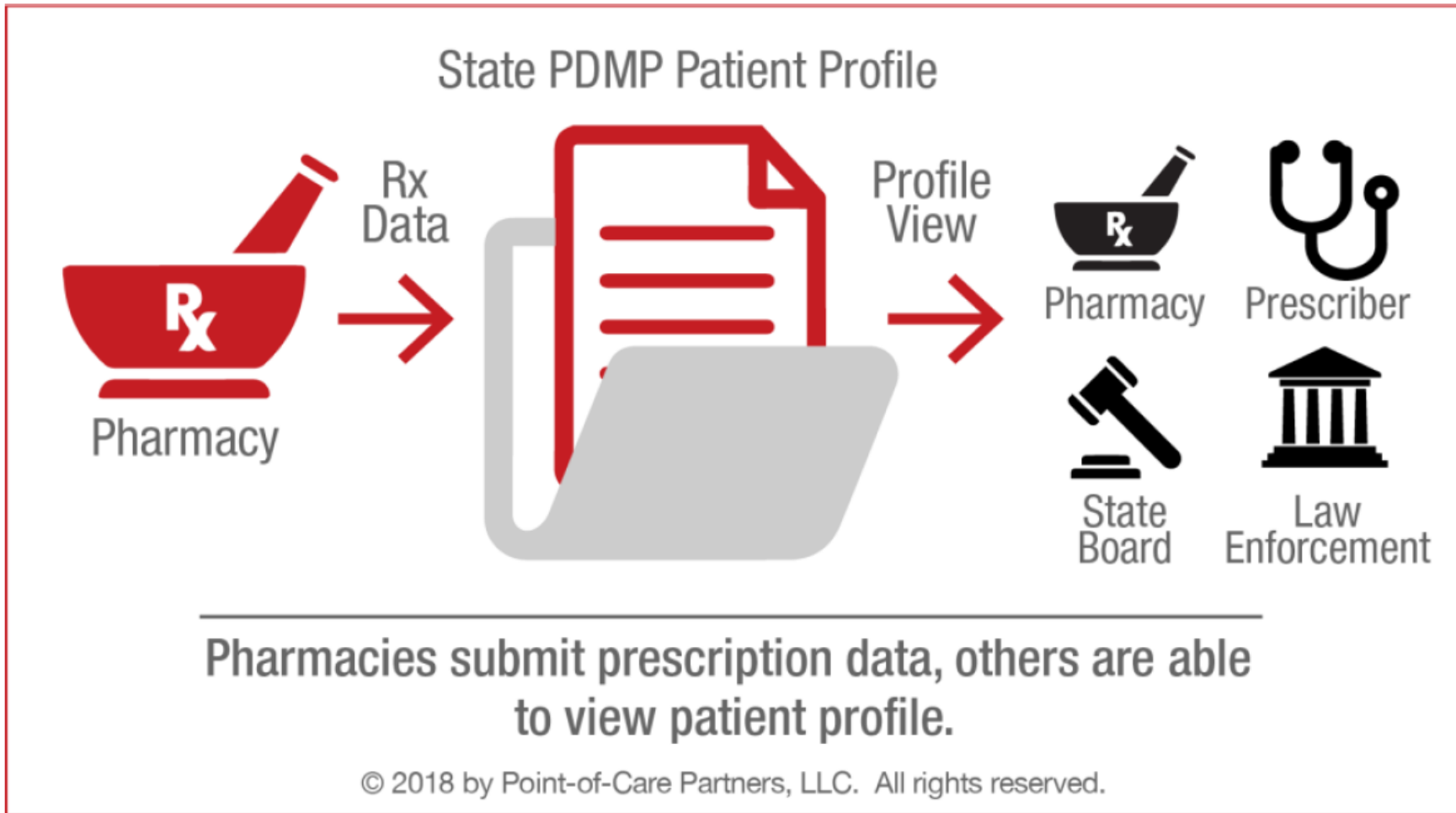
**JANUARY 2018**  
E-prescribing required for all controlled substances

PRESCRIBER ENABLEMENT IN STATES WITH EPCS MANDATES





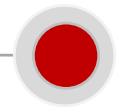
# State PDMPs



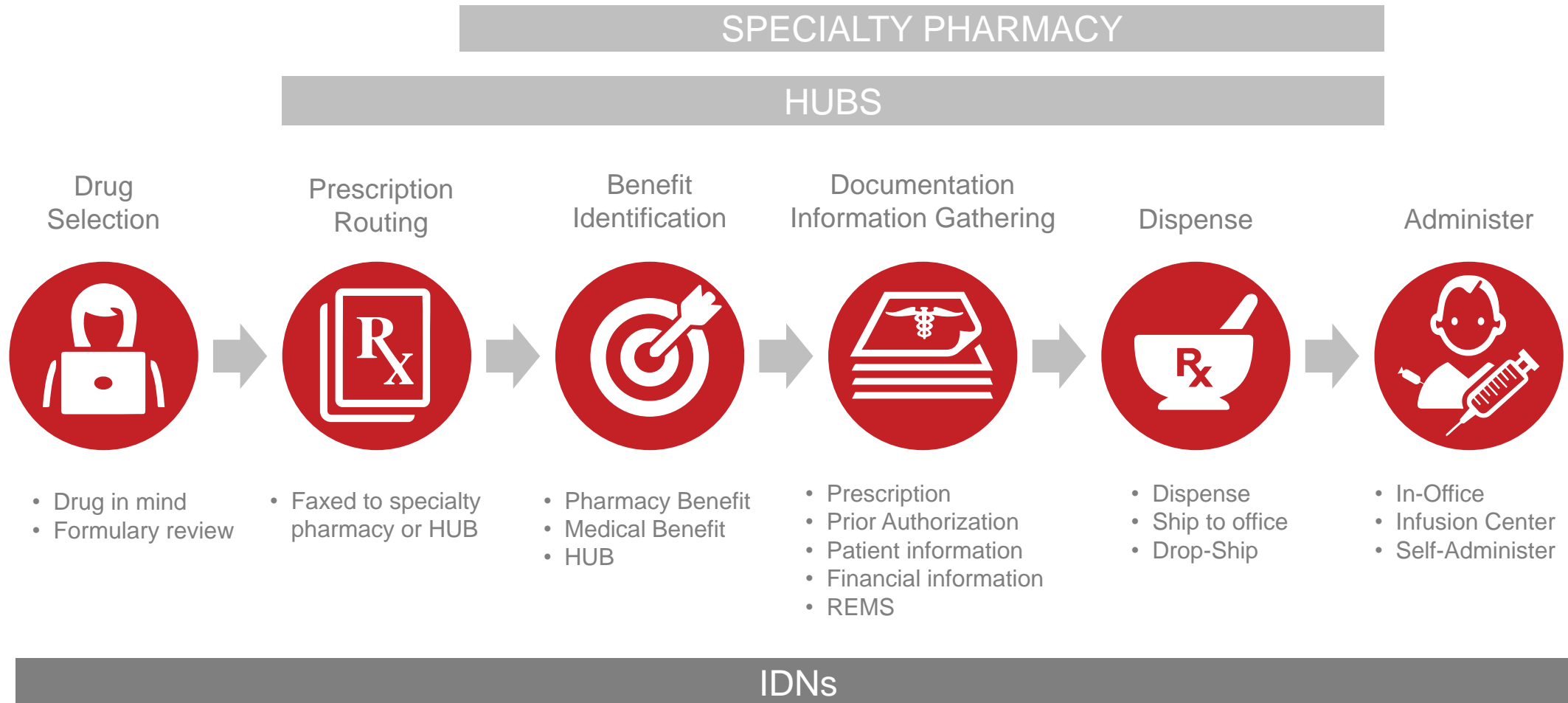


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## **Specialty ePrescribing**



# Specialty Flow



# eRx Challenges in Specialty

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- 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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