How Real-Time Benefit Check Enhances the Physician and Patient Experience

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Goals for Today

Understand the importance of better-informed patient and provider interactions

 Discuss alert fatigue, additional clicks and how to avoid prescriber burn out

Hear positive outcomes from prescription decision support leaders





Prescribers Overwhelmed with Information & Alerts



By 2020 medical knowledge will double every 73 days¹



JAMA Internal Med reported physicians received a median of 63 alerts per day²





Lack of Patient-Specific Data at Point of Decision and Care

- Complex and ever-changing payer preferences
- Ineffective process to deliver formulary and benefit data leads to inaccuracies
- Deficient and limited cost information
- Lack of benefit detail at point of care leads to abrasion downstream



Providers are asked to follow specific pathways to guide prescribing decisions.
Only about 16% regularly comply.¹





The State of Prescriptions



79% of physicians don't know the cost of the drug they are prescribing¹



On average, 10% of claims are rejected at the pharmacy; 66% of rejected claims require a PA²



20 hrs/week clinical staff time consumed on pharmacy callbacks and prior authorizations³



33% of prescriptions will be abandoned⁴





^{1.} PMID: PMC1989748 DOI: 10.1371/journal.pmed.0040283

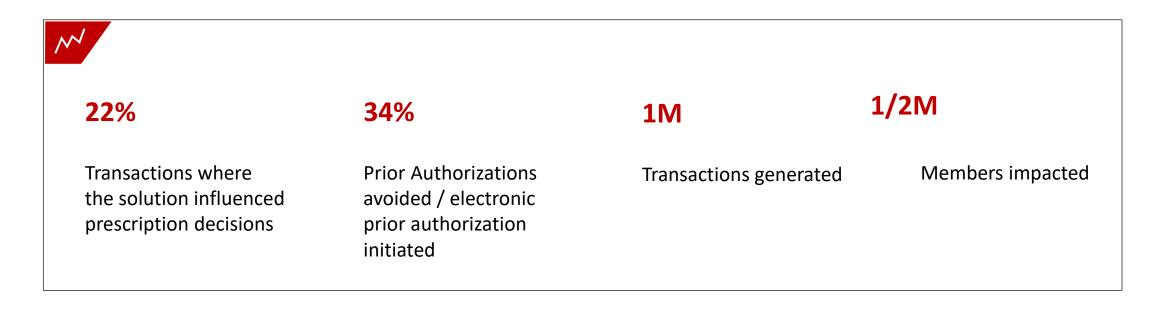
^{2.} https://www.covermymeds.com/main/insights/scorecard/impact/

^{3.} https://www.healthaffairs.org/doi/full/10.1377/hlthaff.28.4.w533

^{4.} IMS Institute Report, "Avoidable Costs in US Healthcare," 2013

Driving the Future of Prescribing

A Case Study: Results in 120 Days









Improving the Value of Health Care

Shared Goals:

- Create better outcomes for patients
- Enhance patient-prescriber conversations
- Improve prescriber experiences



