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Specialty Prescribers Tell All

Prescriber Needs and Challenges in e-Prescribing Specialty Medications



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.



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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.



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ACPE program numbers are:

0459-0000-19-021-L01-P & 0459-0000-19-021-L01-T

Initial release date is 5/7/2019.

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Learning Objectives

- List a common definition of specialty medication.
- Recognize unique challenges and issues related to e-prescribing specialty medications.
- Describe the challenges that are shared across all providers.
- Analyze time lost through insufficiencies and what could be gained through new solutions.
- Review current statistics and potential impact from new standards that could alleviate pain point.

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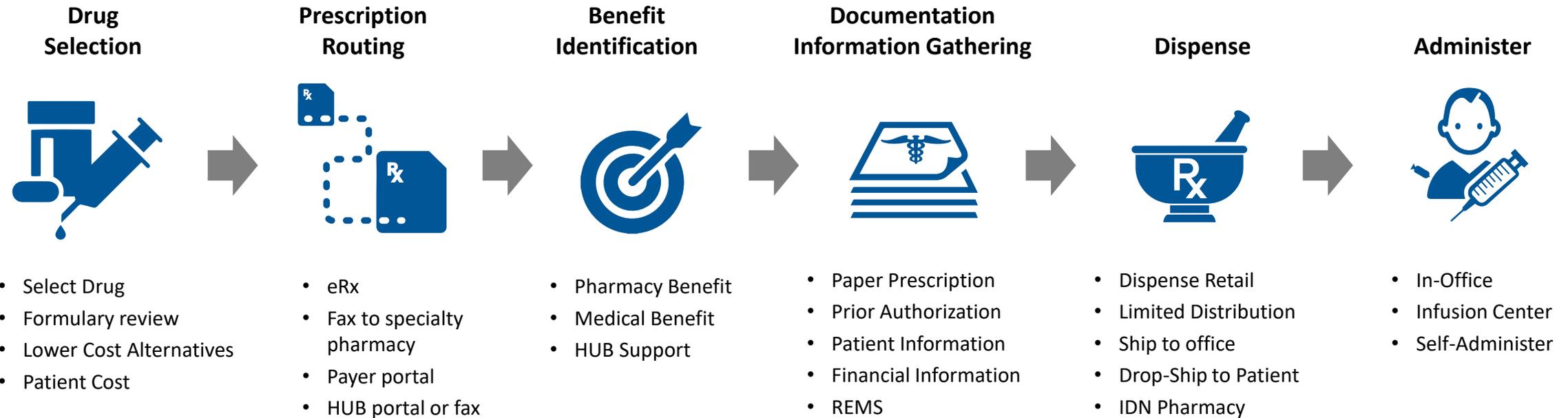
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Pre-test Questions

1. What is one of the top three challenges providers face when prescribing specialty medications?
 - a) Benefit Identification
 - b) Medication Dispensing
 - c) Patient Adherence
2. How many hours a week are providers and their staff spending on medication-related activities?
 - a) 5
 - b) 10
 - c) 15
3. What standards exist today to assist with prescribing of specialty medications?
 - a) REMS
 - b) ePA
 - c) Specialty Reporting and Data Exchange
 - d) All of the Above



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



Research Approach

SURVEY

- Online survey of 502 Health Care Professionals:
 - 401 physicians
 - 101 nurses

DATA COLLECTION

- Survey fielded from October 26th, 2018 – November 5th, 2018

SCREENING CRITERIA

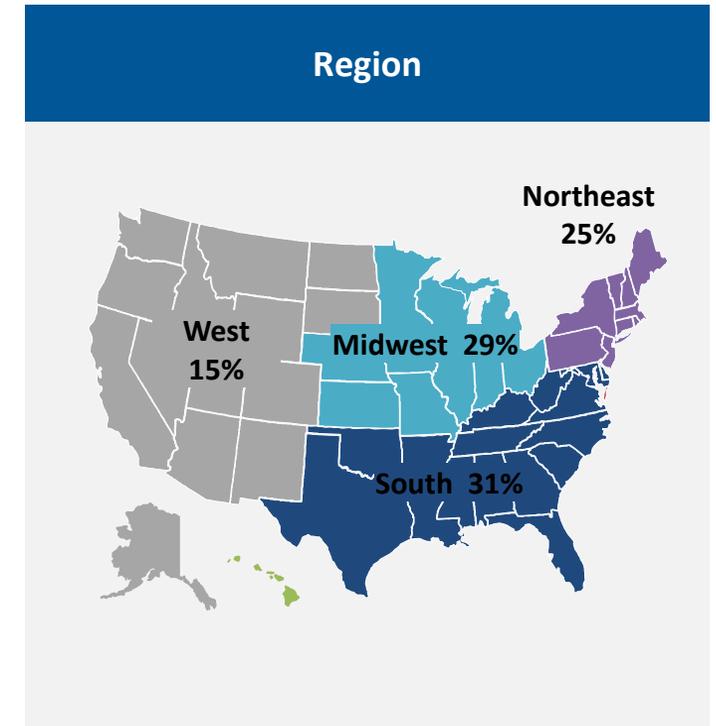
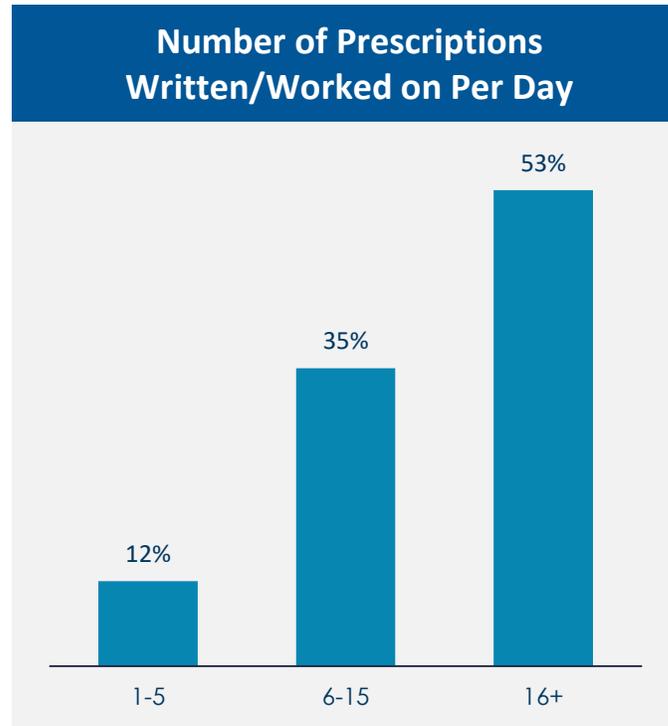
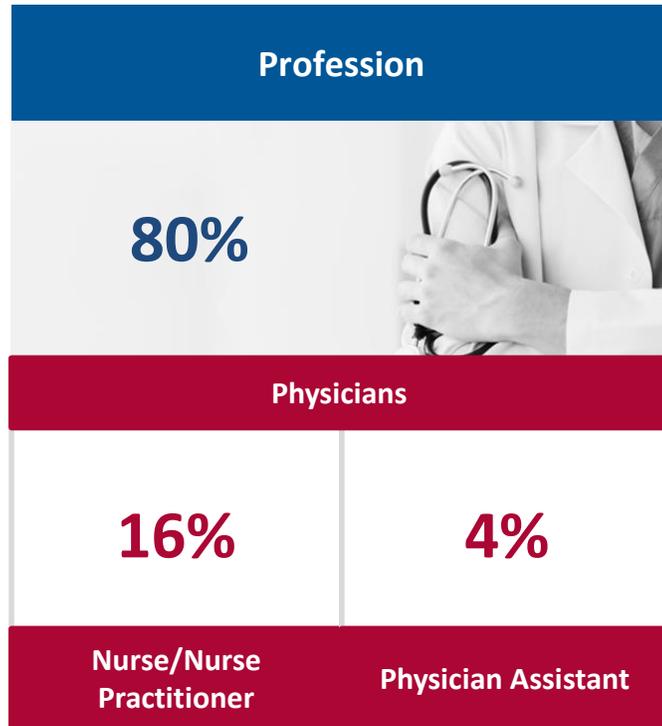
- Spend at least 50% of time in clinical practice
- Write or is involved in the writing of Rx for patients
- Not professionally employed by any companies in the pharmaceutical industry

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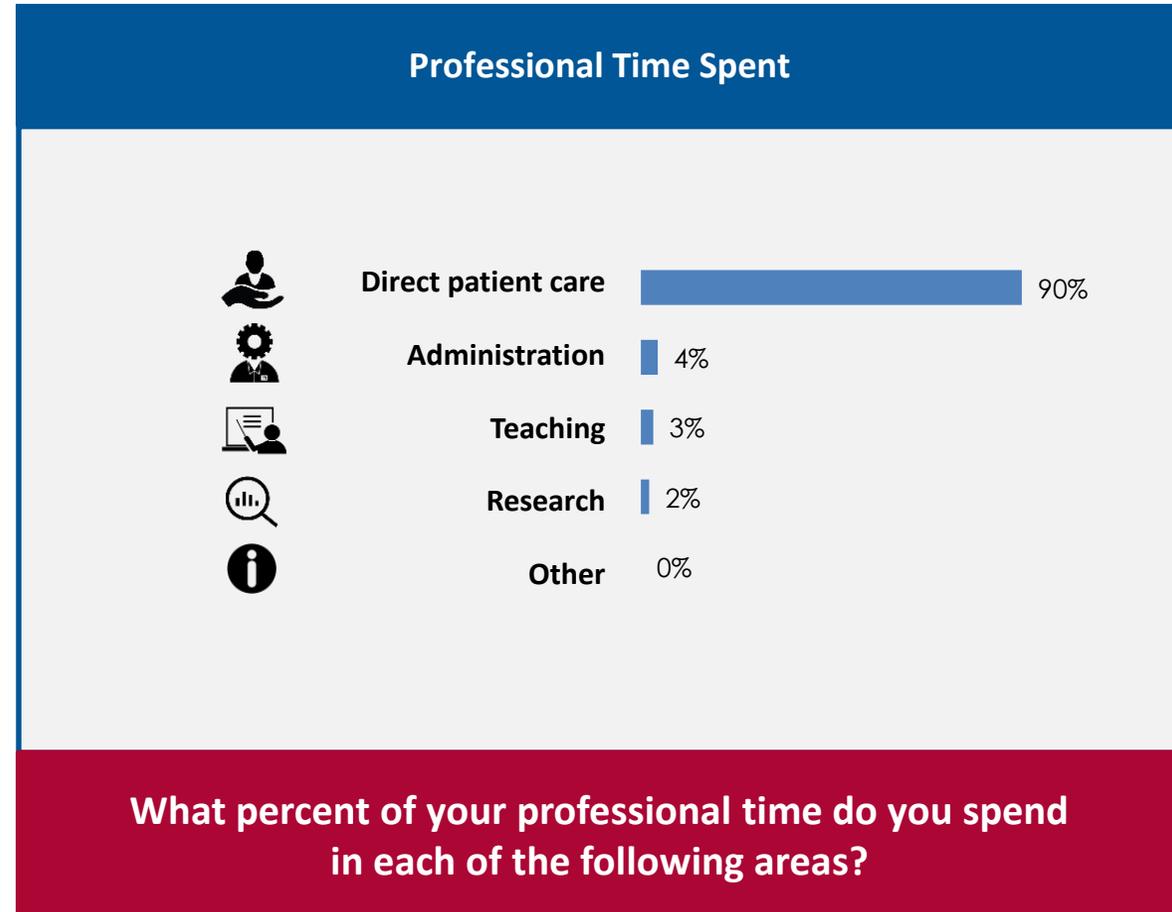
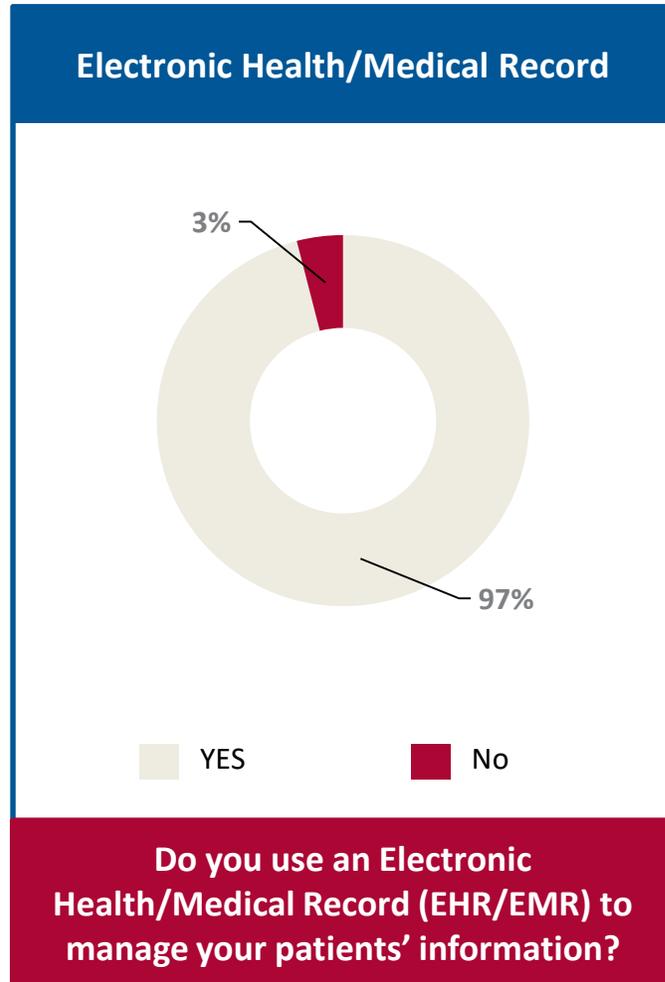
Respondent Demographics



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Respondent Demographics, Cont.



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CHALLENGES WITH PRESCRIBING SPECIALTY MEDICATIONS

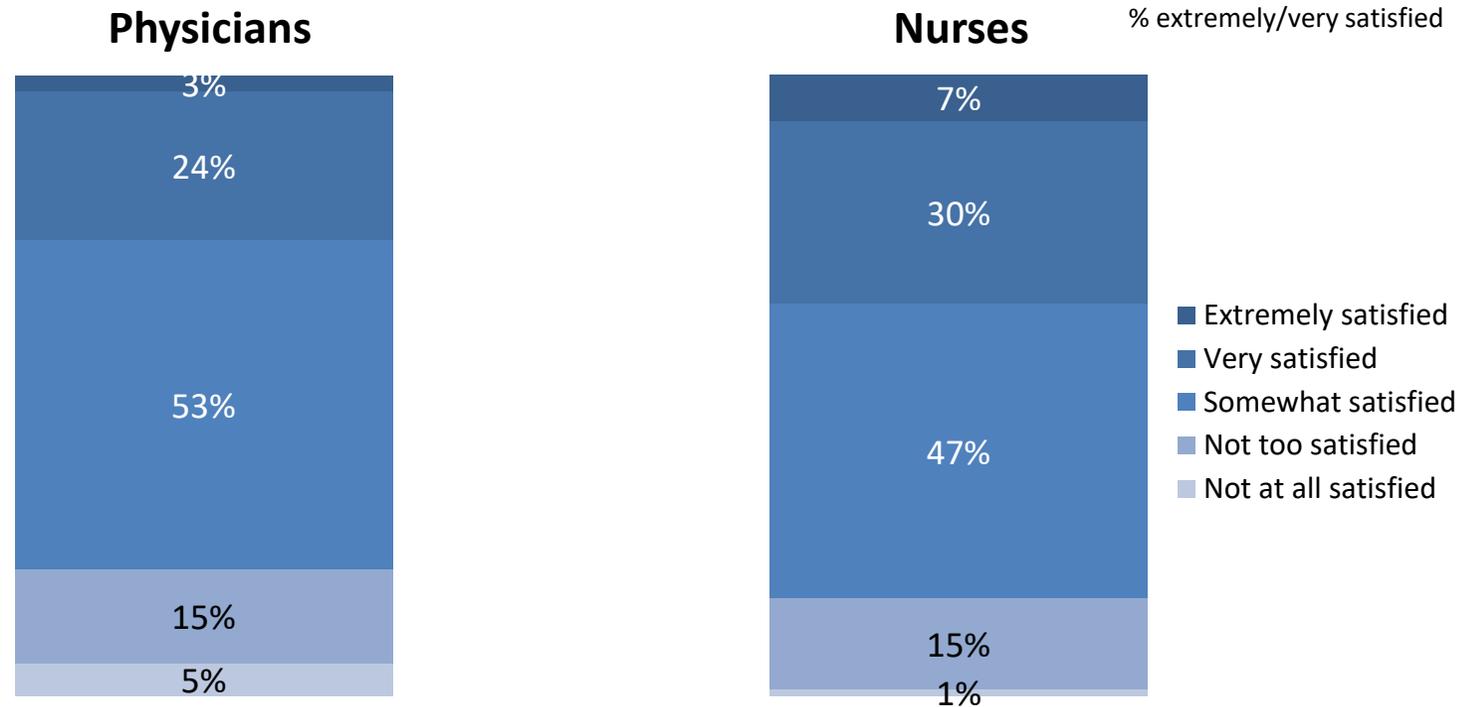
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Fewer Than One-Third of Respondents Are Satisfied With Their Organization's Efficiency When Prescribing Specialty Medication

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



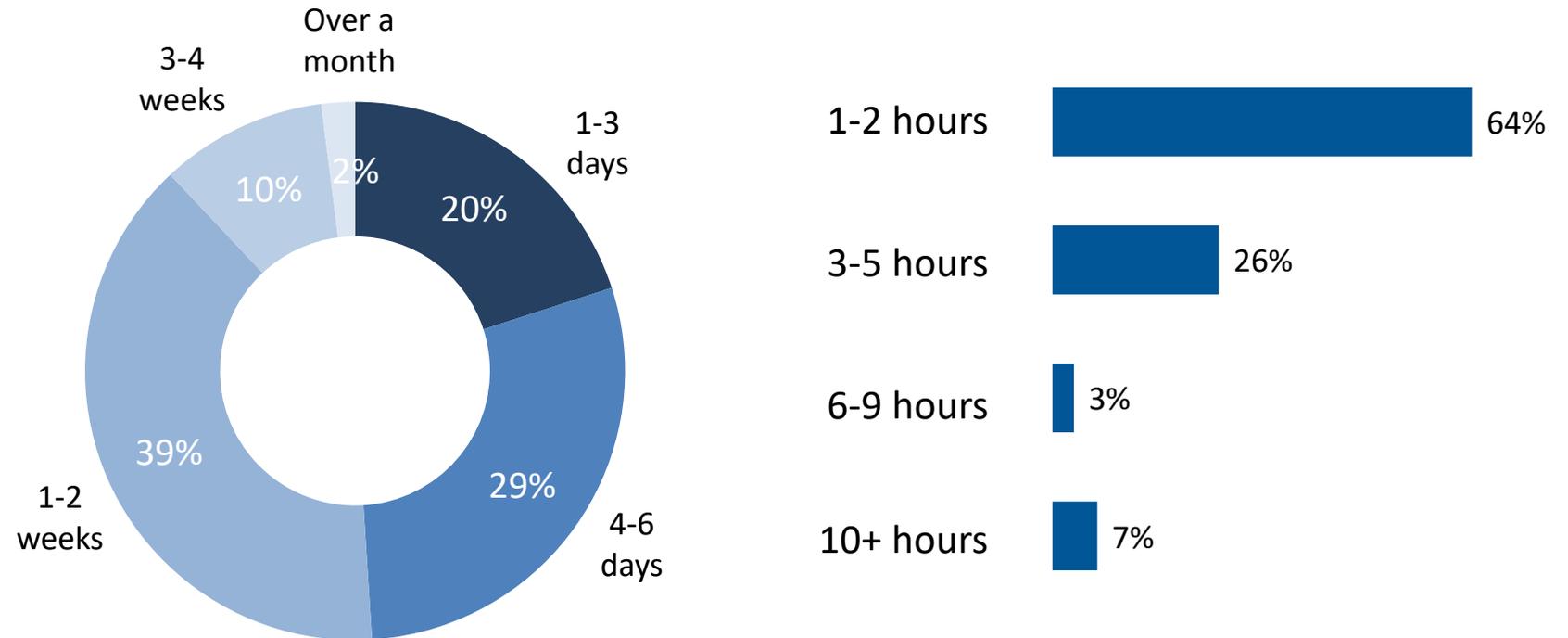
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Nearly 40% of Respondents Say it Can Take 1-2 Weeks to Get Patients on a Specialty Medication, and They Are Spending an Average 3.0 Hours a Week Filling Out Paperwork to Get Patient on a Specialty Medication

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?

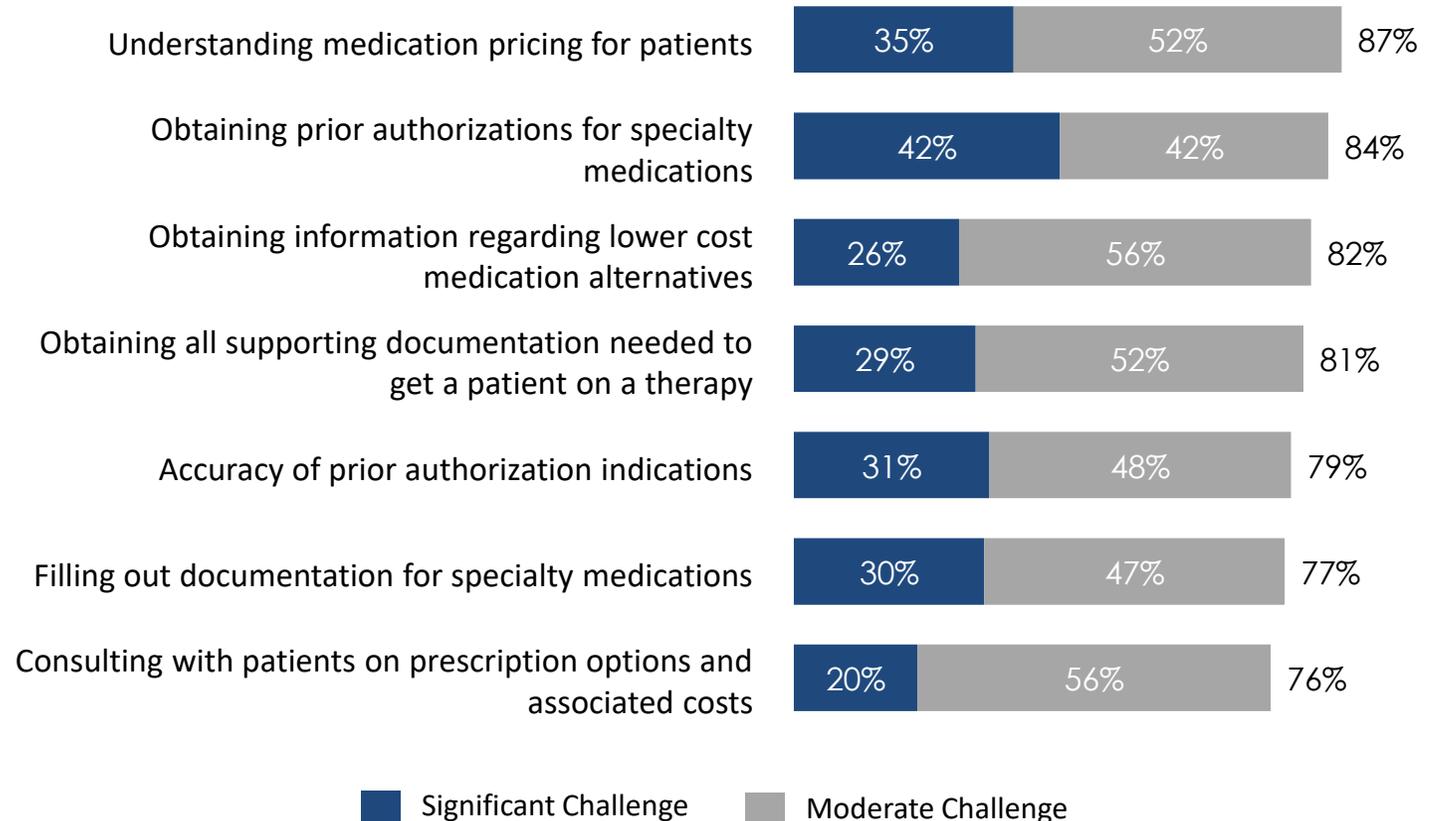


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Understanding Drug Prices, Lower Cost Alternatives, and Fulfilling Requirements to Get a Patient on a Specialty Medication Are the Most Significant Challenges Facing Prescribers Today

Using the scale provided, please rate the extent to which the following are challenges or pain points for your [practice/organization].



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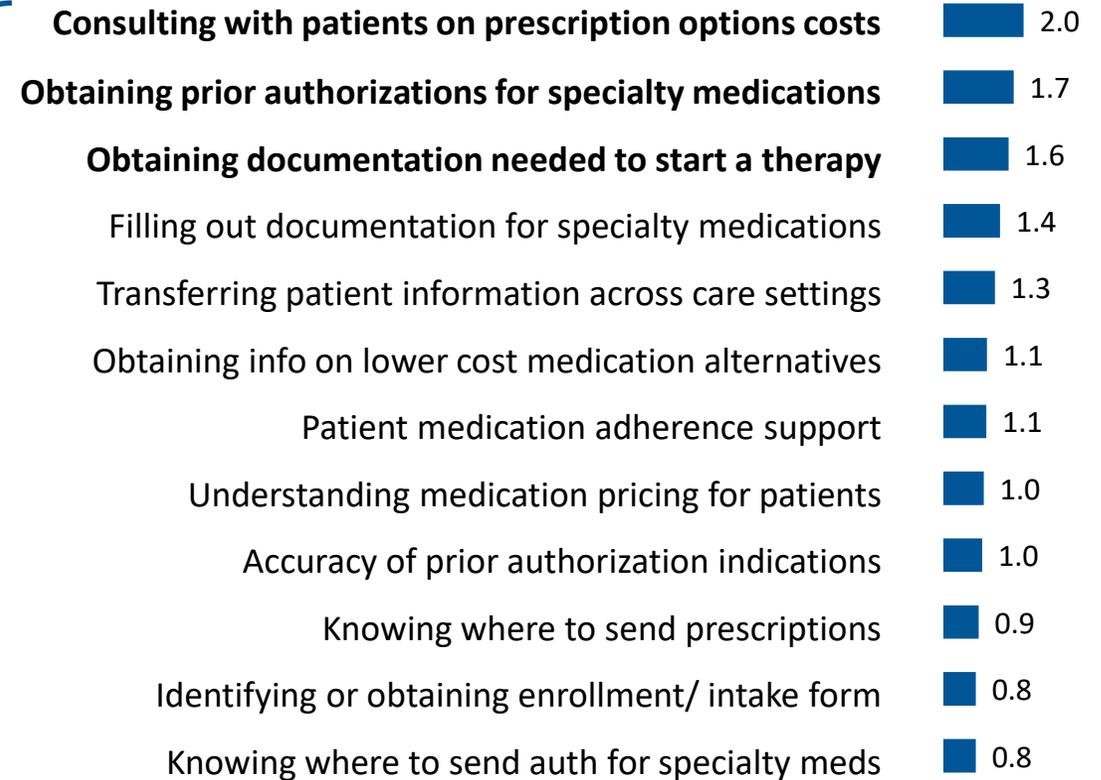


Respondents are Spending Nearly 15 Hours a Week on Medication-related Activities with the Majority of Time Spent on Review of Lower Cost Options, Approvals, and Paperwork Related to Specialty Medications

Assuming a 40-hour work week, please think again about some of these activities and allocate the number of hours you and/or your staff spend during a typical week on the following:

14.7 hours

TIME SPENT DOING TASKS



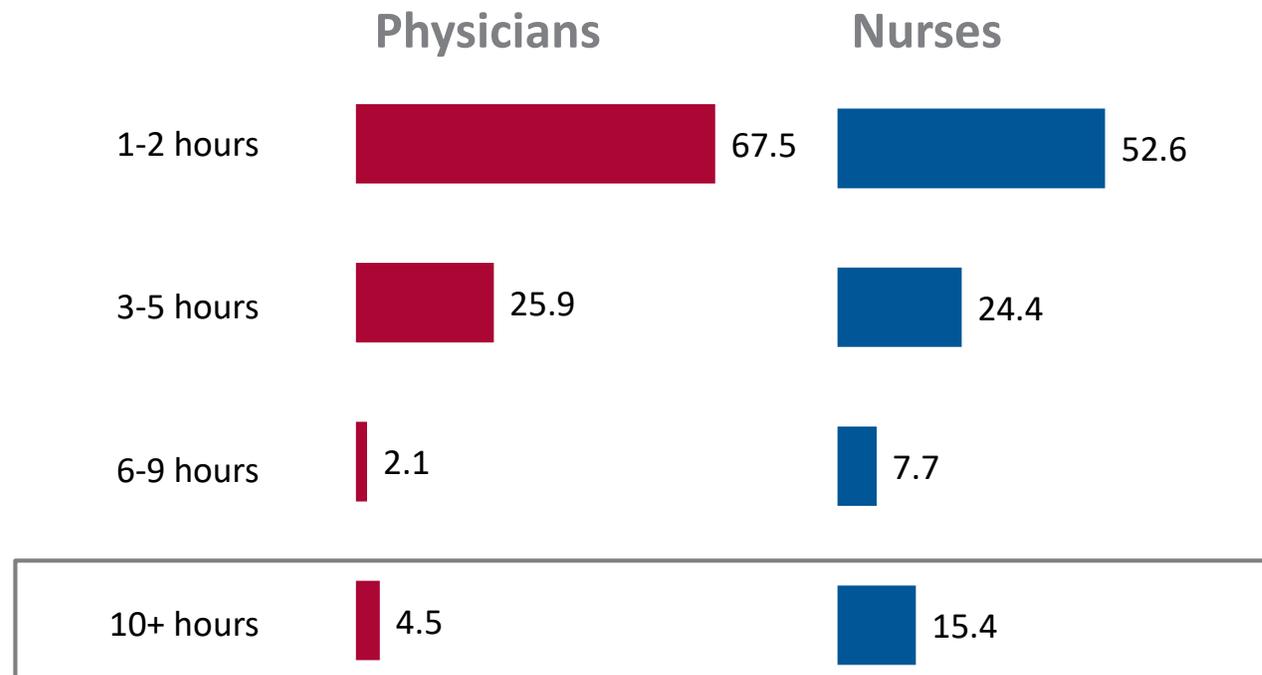
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Nurses Are Spending More Hours a Week on Average Than Physicians Filling Out Documentation That Goes Along With Specialty Prescriptions

Assuming a 40-hour work week, approximately how many hours do you spend filling out all forms required for specialty prescriptions?

HRS SPENT PER WEEK FILLING OUT FORMS FOR SPECIALTY RX



Survey Results: Provider Viewpoints on Prescribing Specialty Medications

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Provider Viewpoint of Specialty Prescribing Challenges

Drug Selection



How and Where to Send Prescription



Document Information Gathering



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Pain Point: Drug Selection

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When Prescribing a Medication, a Patient's Medical and Medication History, Along With Financial Information Related to the Prescription Are Identified as the Most Important Information Needed

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



Although Considered Extremely Important for Prescribing, 75% of Respondents Are Unable to Access Financial Information Relayed Electronically

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?



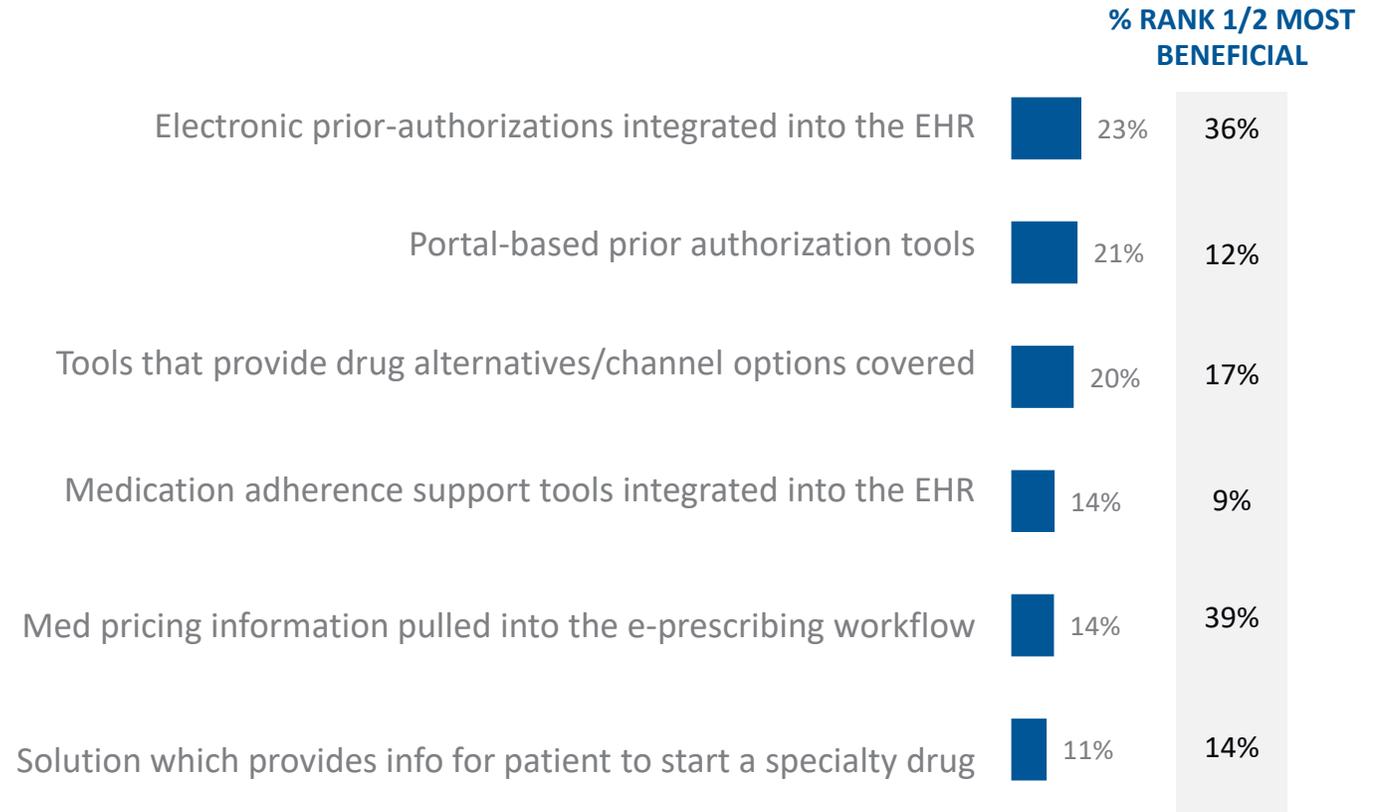
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Only 20% of Respondents Have Electronic Prior Authorization Available in Their EHR, and Fewer Than 20% Have Drug Pricing, Both of Which Are Highly Valued by Prescribers

Please tell us which of the following tools you have access to at your organization. Regardless of whether you have access to them today, thinking about the challenges that your [practice/ organizations] faces, please select the top 3 most beneficial solutions.



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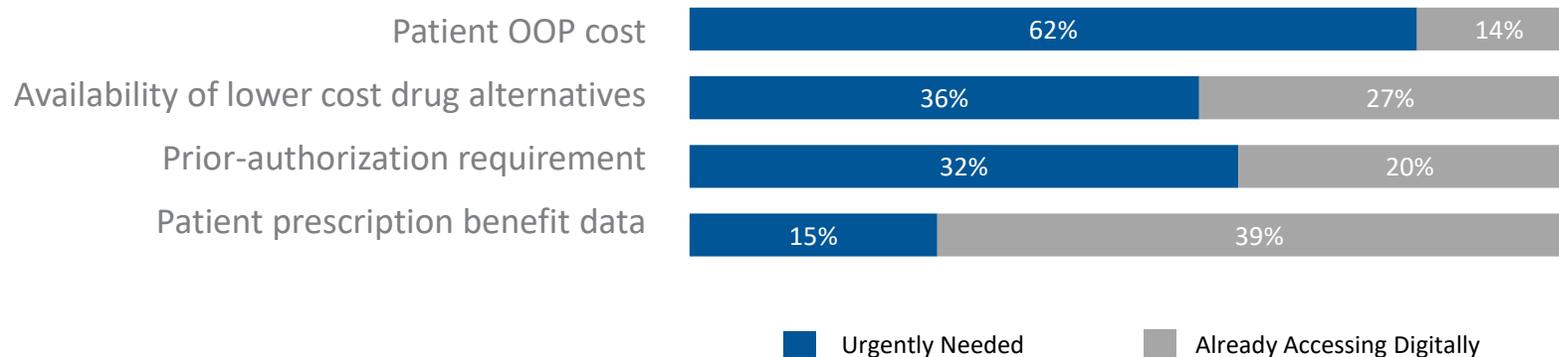


Over 60% of Respondents Rank Patient Out-of-pocket Cost As Urgently Needed When Prescribing Medications, But 86% Have No Digital Access to This Information

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?

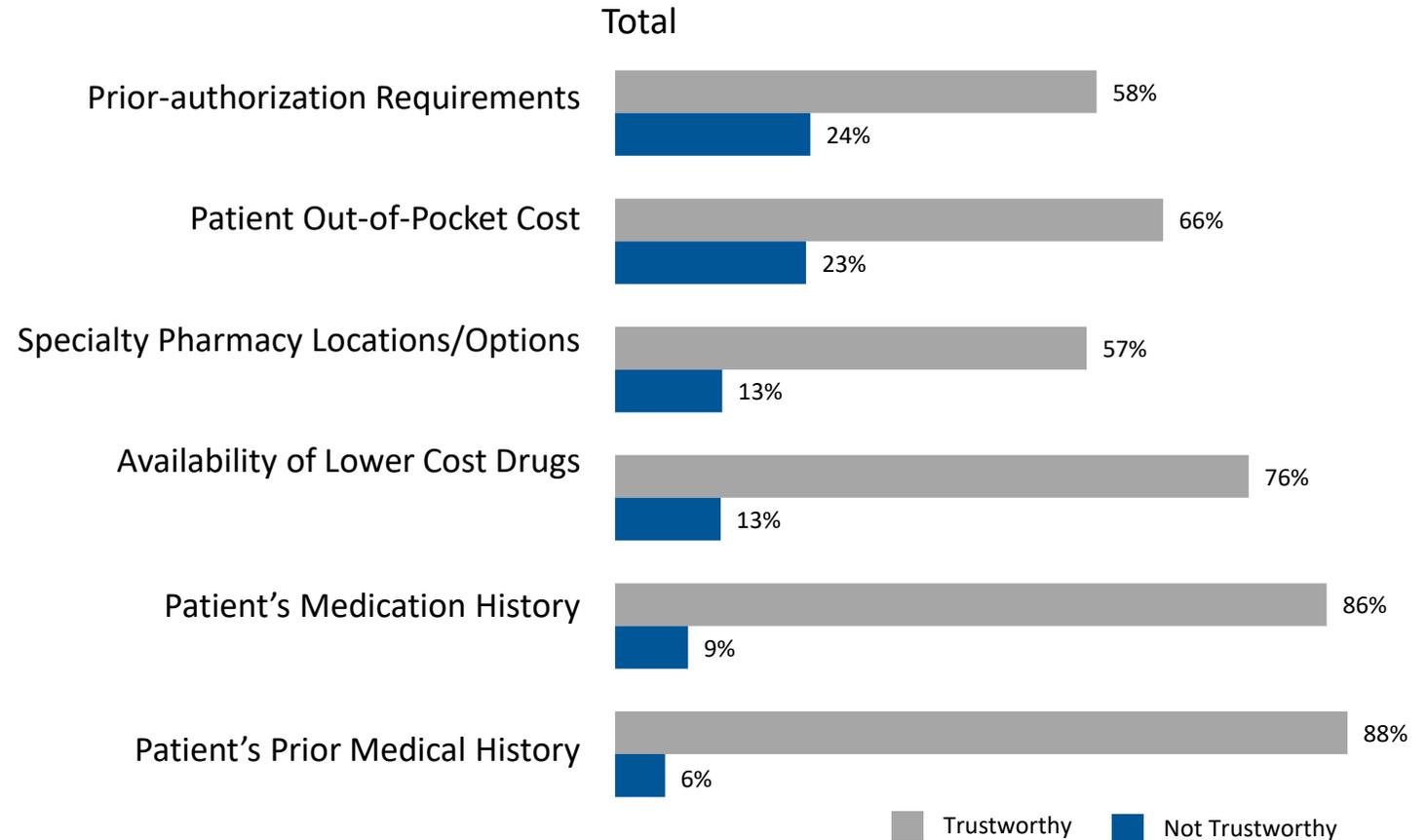
Of those you are not accessing digitally, rank the top 3 most urgent pieces of information you would like to access digitally.

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



Nearly 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?



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Pain Point: Challenges with Key Information for Where to Submit Prescription and Document Gathering

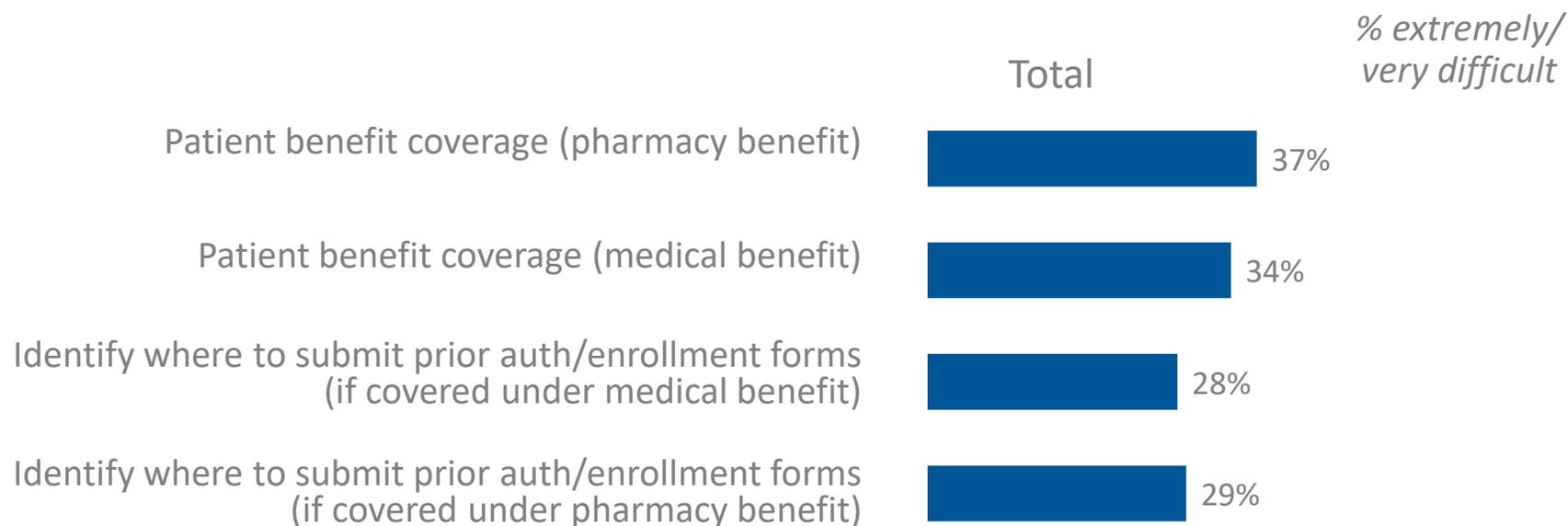
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Over One-third of All Respondents Find Identification of Benefit Coverage of a Specialty Medication to Be Very or Extremely Difficult

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



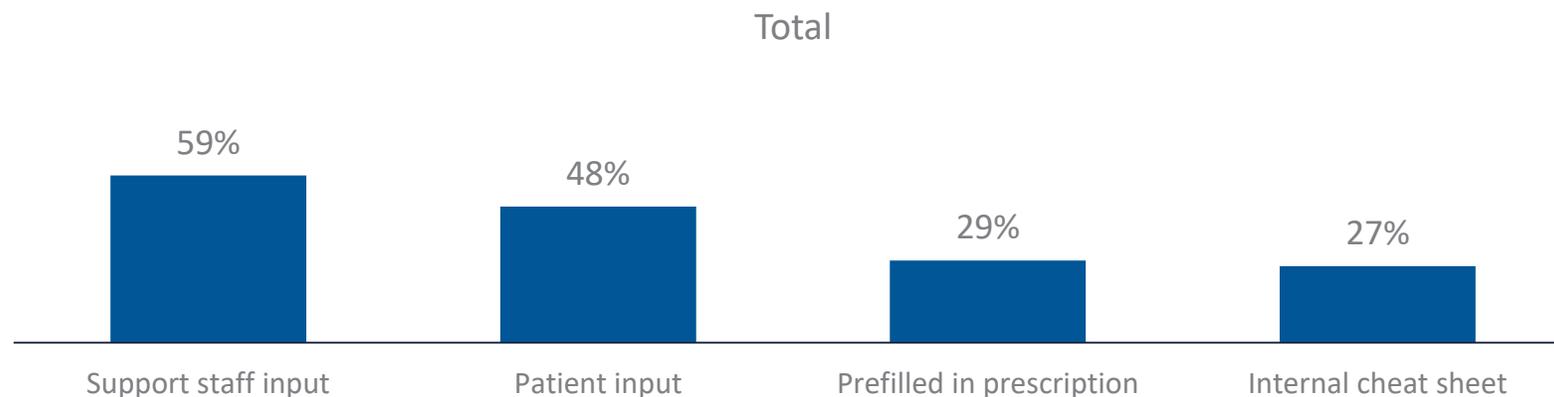
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Most Respondents Rely on Support Staff or Patient Input to Determine Where to Send Prescriptions That Require a Specialty Pharmacy

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



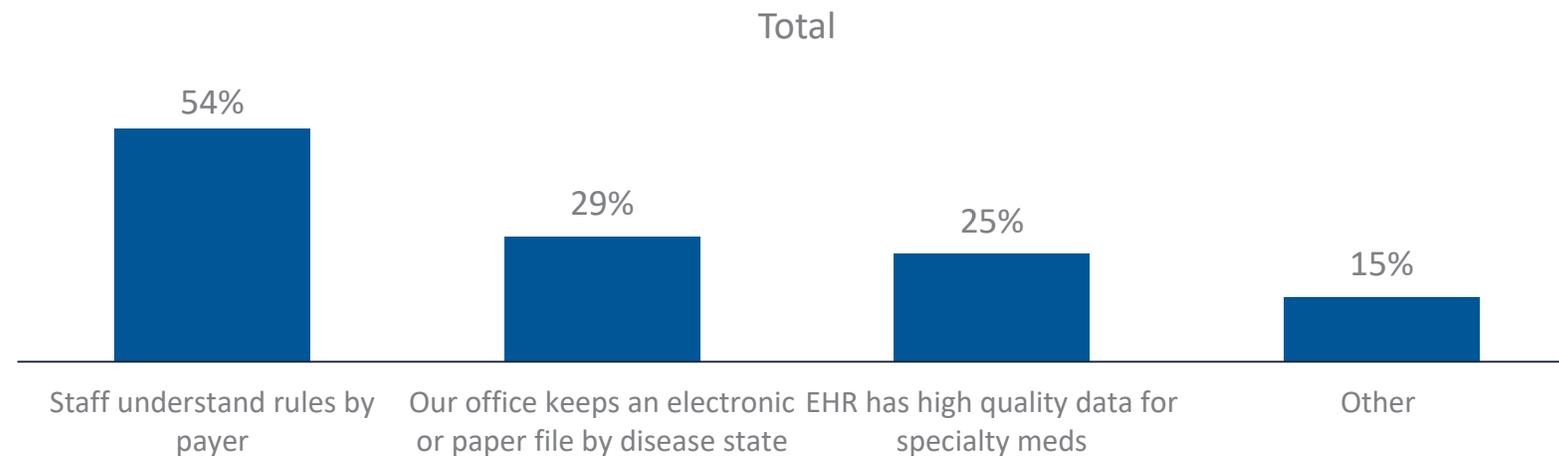
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Physicians Also Rely on Staff to Determine if Additional Documentation is Required

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



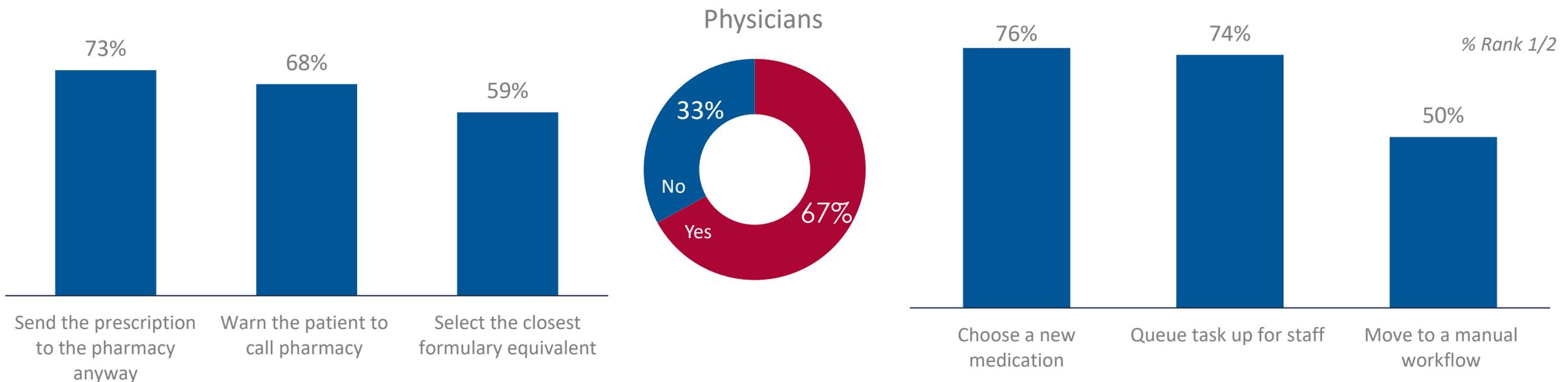
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When Physicians Encounter Barriers to Prescribing Specialty Medications, Two-thirds Are Choosing a New Medication, Queuing the Task Up for Their Staff or Sending the Prescription to the Pharmacy Anyway

Do you alter your specialty medication order if you encounter barriers to prescribing? Please prioritize the below in terms of how you most frequently alter your specialty medication order.



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Time for Action: Opportunities to Close the Gap

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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



Real action in standards organizations

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



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

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There's a Standard for That

| ORGANIZATION | STANDARD | ADDRESSABLE PAIN POINT | WHO SHOULD IMPLEMENT? |
|--------------|--|---|--|
| NCPDP | REMS | Document Information Gathering | Pharmacies and EHR vendors |
| NCPDP | Electronic Prior Authorization (ePA) | Faster turnaround of prior authorization approvals | Pharmacies – new pharmacy initiated use case |
| NCPDP | Specialty Pharmacy Reporting and Data Exchange | Overall prescribing experience | Pharmacies and Manufacturers |
| 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 |

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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 |

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Technology Solutions

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What if prescribers could access all of the patient-specific benefit information they need within their workflow *before* they write prescriptions?

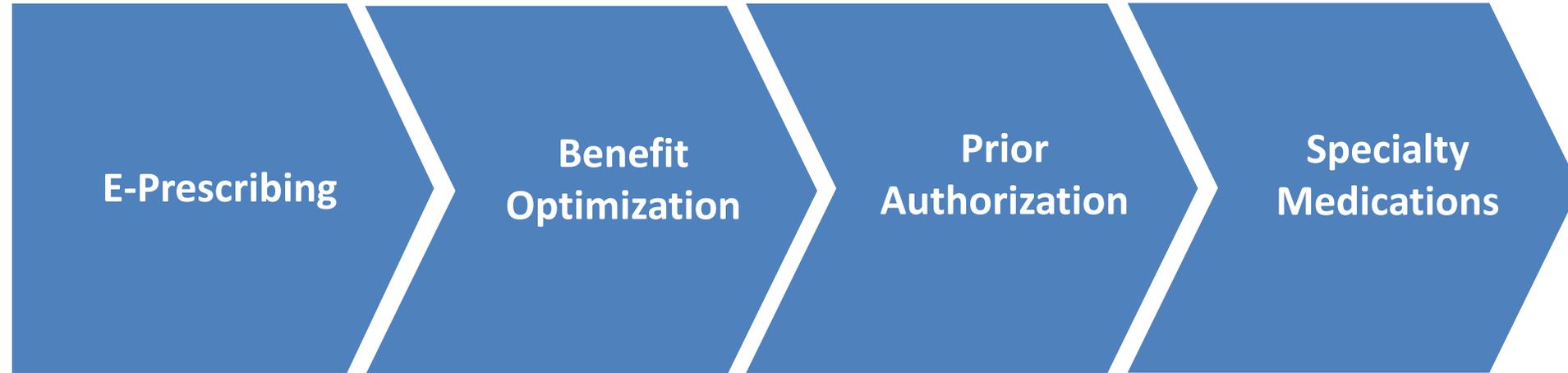
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ENHANCE PRESCRIBING

TRANSFORM HOW CLINICIANS, PHARMACISTS AND PATIENTS INTERACT



- Standard Prescription Transactions
- Electronic Prescribing for Controlled Substances (EPCS)
- Long-Term & Post-Acute Care

- Eligibility & Formulary
- Real-Time Prescription Benefit

- Electronic Prior Authorization
- Prior Authorization Portal
- Prior Authorization Programs

- Patient Enrollment

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Summary



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Placeholder for Post-test Questions

1. What is one of the top three challenges providers face when prescribing specialty medications?
 - a) Benefit Identification
 - b) Medication Dispensing
 - c) Patient Adherence
2. How many hours a week are providers and their staff spending on medication-related activities?
 - a) 5
 - b) 10
 - c) 15
3. What standards exist today to assist with prescribing of specialty medications?
 - a) REMS
 - b) ePA
 - c) Specialty Reporting and Data Exchange
 - d) All of the Above



Questions?

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