NCPDP 2023 Annual Technology & Business Conference

THE GREAT RACE

TO CLOSE GAPS IN CARE

Assessing & Overcoming Barriers to Real-Time Benefit Check Adoption in the Real-World

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Speaker

Richard (Rick) Jennejahn

Director, Rx Innovation Programs, Excellus BCBS, Pharmacy Solutions

Rick is Director of Pharmacy Innovation Programs for Excellus Health Plan, a Lifetime Care Company, with over 15 years of health plan pharmacy operations experience. He earned a Master of Science degree in healthcare policy from the New School and is a U.S. Army and Iraq War Veteran. As a long-standing NCPDP member, Rick has championed pharmacy services interoperability, and guided his organization through adoption of national standards. Today, he's responsible for leading the ideation and delivery of innovative clinical and pharmacy services programs that support the company's strategic healthcare affordability and access goals.

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Speaker

Michael Burger

Senior Consultant specializing in EHR/EDI vendor HIT strategy, Point-of-Care Partners

Michael Burger is EHR Practice Lead with Point-of-Care Partners, specializing in both clinical and administrative systems and processes. Michael provides Point-of-Care Partners' clients with a comprehensive view of healthcare IT in practice. He combines his EHR and ePrescribing vendor experience with his practice administrator and EDI background to bring a 360-degree view of healthcare IT, ensuring that clients understand both business and clinical implications during the decision-making process. Michael has led various healthcare organizations through revenue cycle and EHR implementation and optimization projects. He is specifically sought after for his expert knowledge of clinical and financial data.

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Disclosures

- Rick Jennejahn and Michael Burger have no relevant financial relationships to report.

Learning Objectives

Upon successful completion of this course learners should be able to:

1. List at least one key provider barrier to real-time benefit check (RTBC) adoption

2. Name at least one internal barrier payers face when offering RTBC tools to providers

3. Recognize effective value propositions for RTBC to providers

4. Describe provider educational approaches that positively impacted RTBC tool adoption

5. Explain internal education approaches that resulted in better support of RTBC adoption

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Discussion Topics

What is Real-Time-Benefit Check (RTBC)

Marketplace Perception of RTBC

Spotlight on Health Plan Support of RTBC

Provider Engagement Initiative

Barriers and Strategies to Overcome

Real-Time-Benefit Check = RTBC
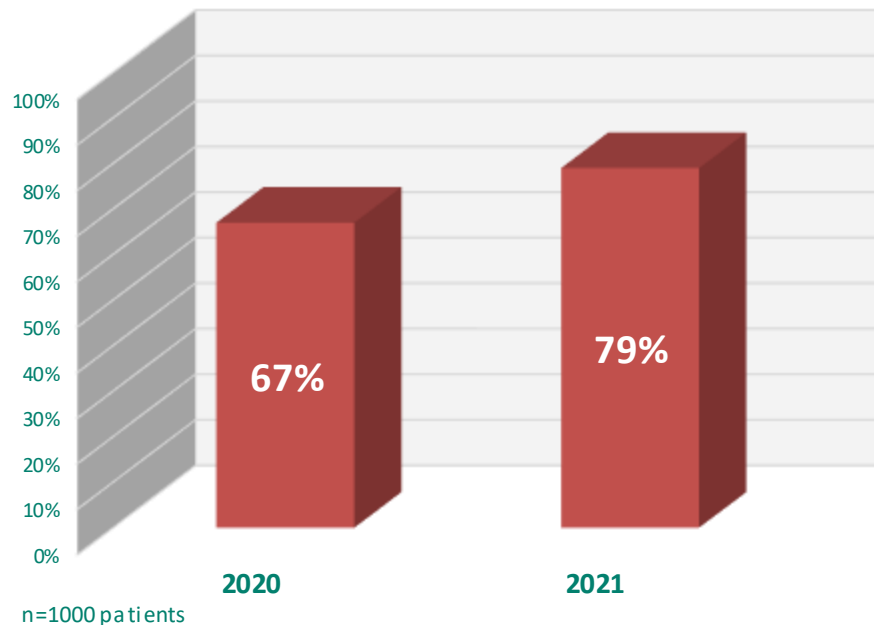
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RTBC is Important!

Medication Affordability

Nearly 80% of patients surveyed said they went to pick up their prescription and found out it cost more than they expected.

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Percent of patients who have gone to pick up their prescription and found out it costs more than they expected

67%	**79%**
2020	**2021**

n=1000 patients

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Affordability Impact on Adherence

- In 2021, more patients made sacrifices related to their medications and essential items

- Many patients made difficult decisions that may have affected their health and safety
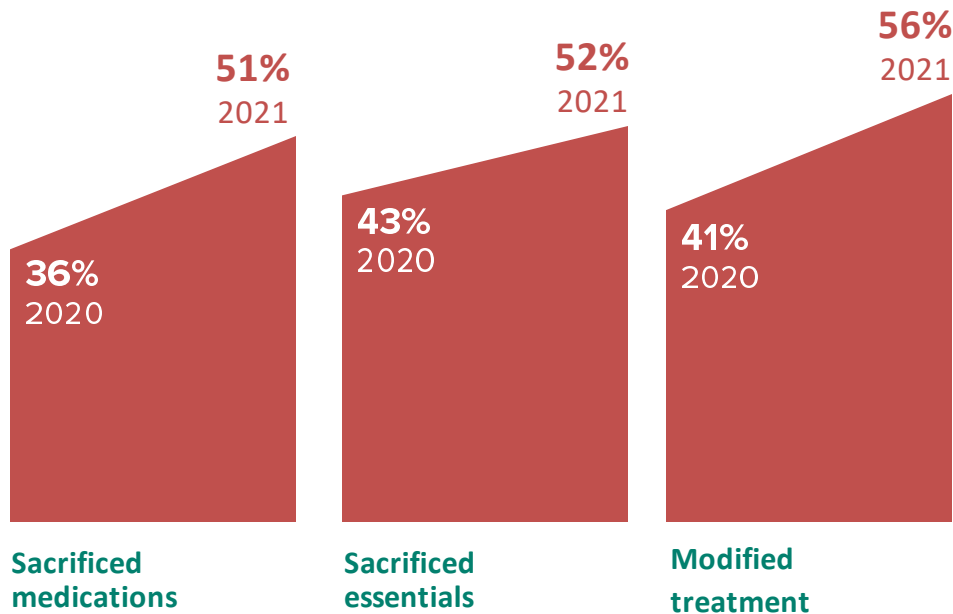
51% 2021

52% 2021

56% 2021

36% 2020

43% 2020

41% 2020

Sacrificed medications

Sacrificed essentials

Modified treatment

Source: CoverMyMeds, 2022 Medication Access Report

n = 1,000

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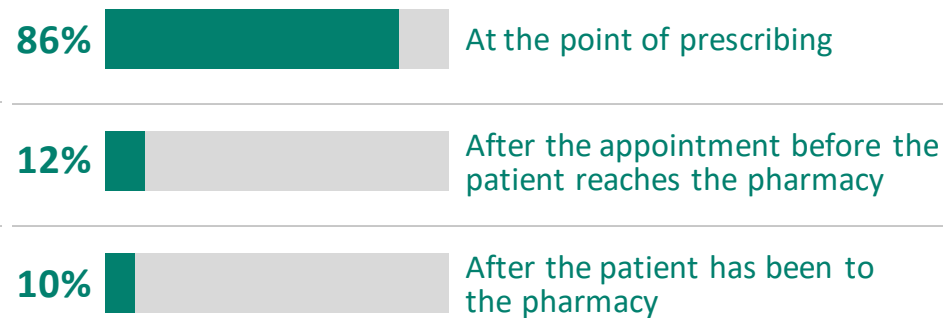# RTBC Encourages Consideration of Medication Cost

Having real-time access to prescription benefit and cost information enables providers to make informed decisions about their prescription choice, including if their patient can afford it.

Why providers bring up affordability with patients

42% Actively bring it up with all patients

32% Patients brought up financial concerns

17% Felt the patient may have financial issues
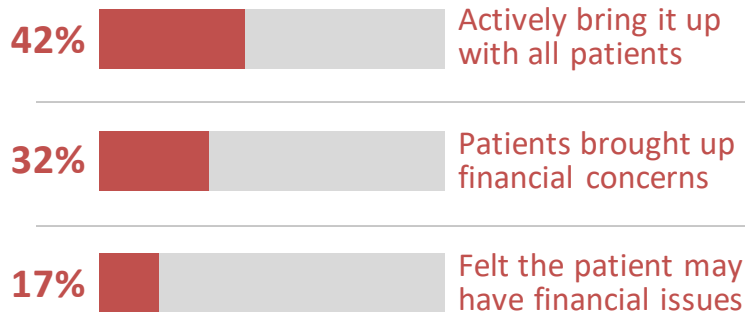
When providers discuss affordability with patients

86% At the point of prescribing

12% After the appointment before the patient reaches the pharmacy

10% After the patient has been to the pharmacy

n = 1,000 | respondents could select all that applied

Most providers are willing to talk about medication affordability but not all bring it up with every patient

Source: CoverMyMeds, 2022 Medication Access Report

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Patients Are Looking for Help

Patients are seeking out financial assistance so that they can afford their medications.

Talked to my provider about affordability options

49%

Talked to my pharmacist about affordability options

44%

Used a cash discount card

38%

Used a copay card/coupon from the biopharma company

38%

Enrolled in a patient assistance program
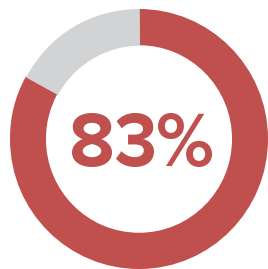
12%

n = 1,000 Respondents could select multiple reasons

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Perceived Access to Coverage Info

83% of providers have access to medication-specific information within their EHR
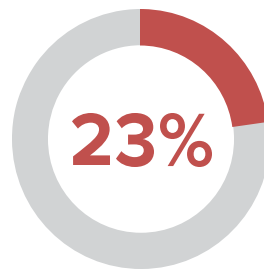
23% of providers can surface medication cash price information within their EHR

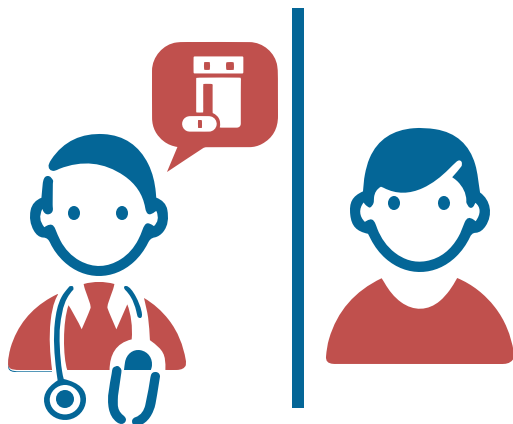## An Industry-Wide Challenge for Providers, Payers and Patients

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RTBC: Provider and Patient Point of View

Patient-provider trust is a crucial element that can compound the effects of existing medication access barriers, yet more than **40% of providers said they didn't have enough time to discuss medications with their patients.**

Source: CoverMyMeds, 2022 Medication Access Report
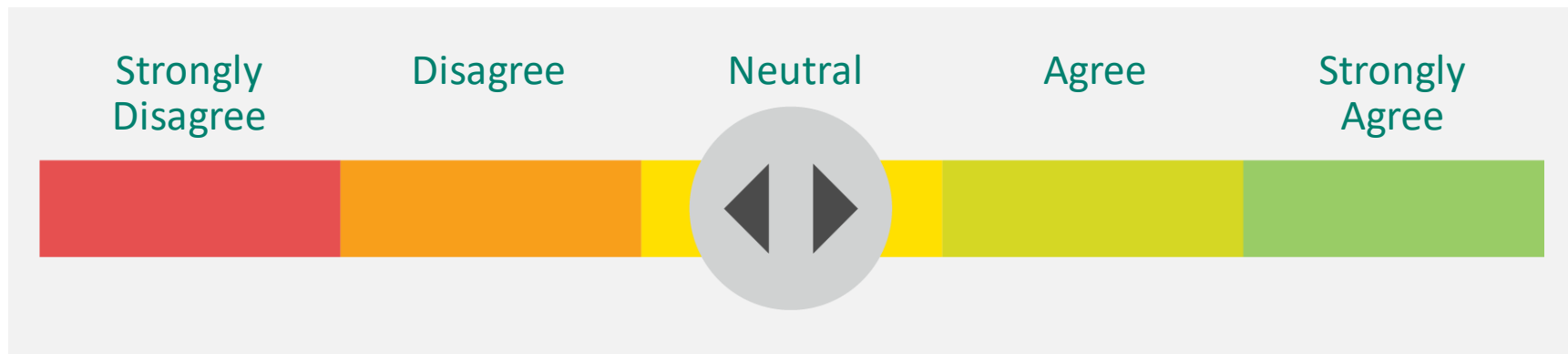
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Agreement Scale – Show of Hands

In your experience, providers frequently engage with patients regarding prescription cost.

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

Example Health Plan
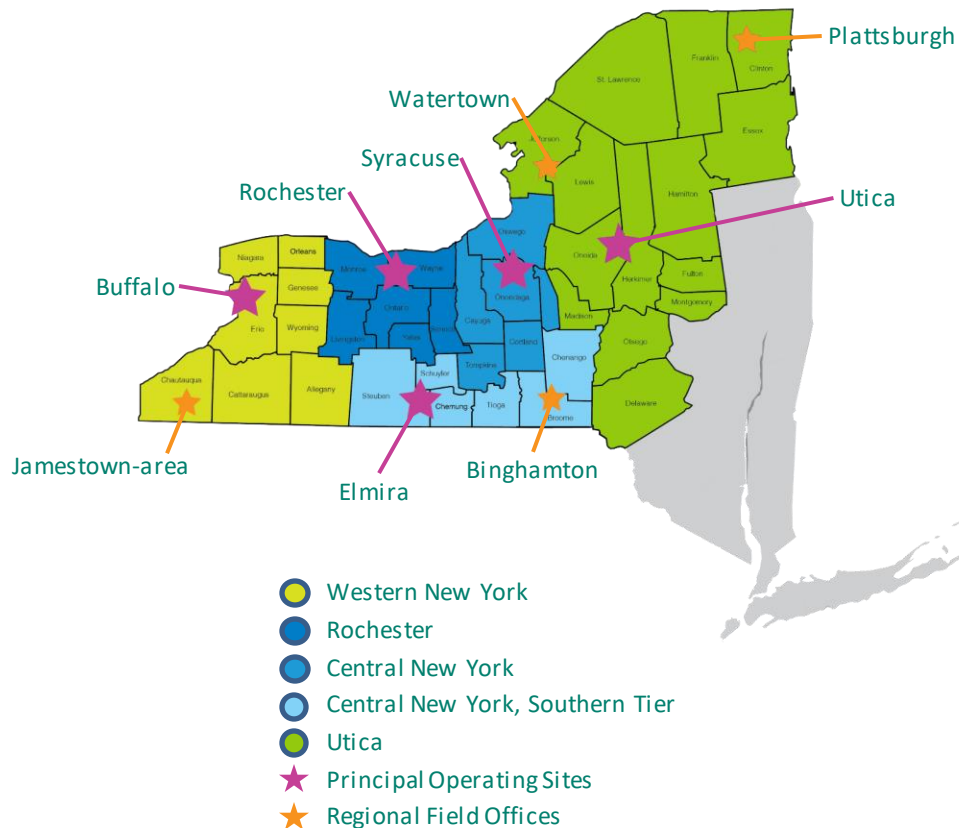
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Health Plan

- 39 counties – Upstate New York
- 1.4M covered pharmacy benefit members
  - Medicare
  - Medicaid
  - Exchange
  - Commercial/Employer Group
- 70K – 100K Rx prescriptions filled daily
- > 37K provider network

Mission: To help people in our communities live healthier and more secure lives through access to high-quality, affordable health care.

Source: Excellus internal data

Map labels: Plattsburgh, Watertown, Syracuse, Rochester, Utica, Buffalo, Jamestown-area, Elmira, Binghamton

Legend:
- Western New York
- Rochester
- Central New York
- Central New York, Southern Tier
- Utica
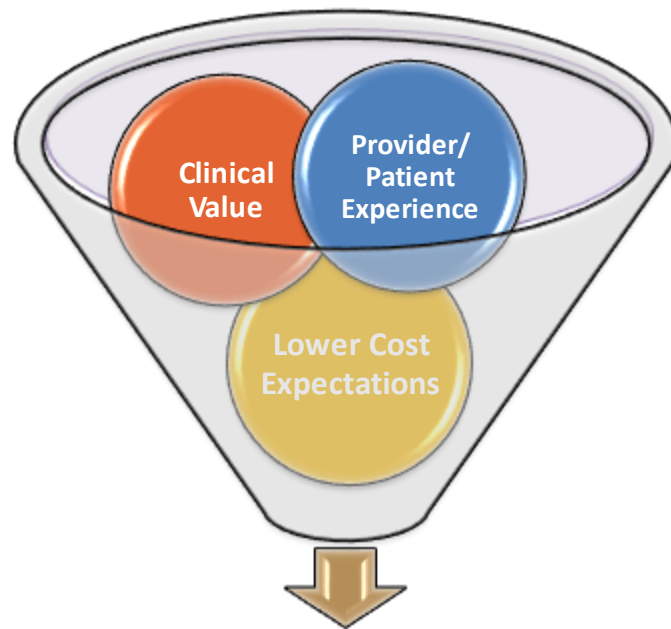- ★ Principal Operating Sites
- ★ Regional Field Offices

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Why RTBC?

- Clinical value of e-prescribing workflow

- Provider satisfaction

- Patient/member experience

- Stakeholder expectations for lower costs

- Regulatory landscape

Affordable Access to Care

The promise and potential of 'interoperability'...

RTBC Timeline

2019 → RTBC Enabled

2020 → Slow Adoption

2021/ 2022 → Improvement

What happened?

- Initial Capability
- Q4 Soft Launch

- Limited Reporting
- Provider Complaints
- Pandemic

- Focused Effort
- Multi-stakeholder Assessment

What next?

Monitor?

Gaps?

Plan?

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Provider Feedback

Complexity

- Multiple systems, networks, portals and apps
- Slow response times and data lags

Knowledge

- Prescriber awareness of tools and how to use them
- Office staff training needs - time and resources

Quality of Information

- Alerts (fatigue) – messages not actionable
- Accuracy of formulary information

Frustration, Distrust, and Poor Experience

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Reflection question

Based on the provider feedback, what some of the internal barriers that YOUR providers face which prevent greater adoption of RTBC?

- Awareness of RTBC data in the EHR
- Quality and Quantity of the RTBC data is not equal for all PBMS
- Decision-making process to activate new EHR functionality at a health system
- Speed by which new IT projects (like activating a new feature) can get done at a health system

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Health Plan Limitations

Complexity

- Multiple EHR platforms in use across health plan service area

Knowledge

- Limited visibility into EHR RTBC functionality

Quality of Information

- Reporting limited to aggregated transaction counts

Limited ability to assist providers

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Reflection question

Based on the Excellus learnings, what are some of the internal barriers that YOUR plan face which prevent greater adoption of RTBC?

- Lack of visibilty into EHR RTBC functionality
- Multiple EHR platforms used across the plan's service area
- Availability of detailed data regarding the impact of RTBC
- Limited reporting capability, possible limited to aggregated transcation counts
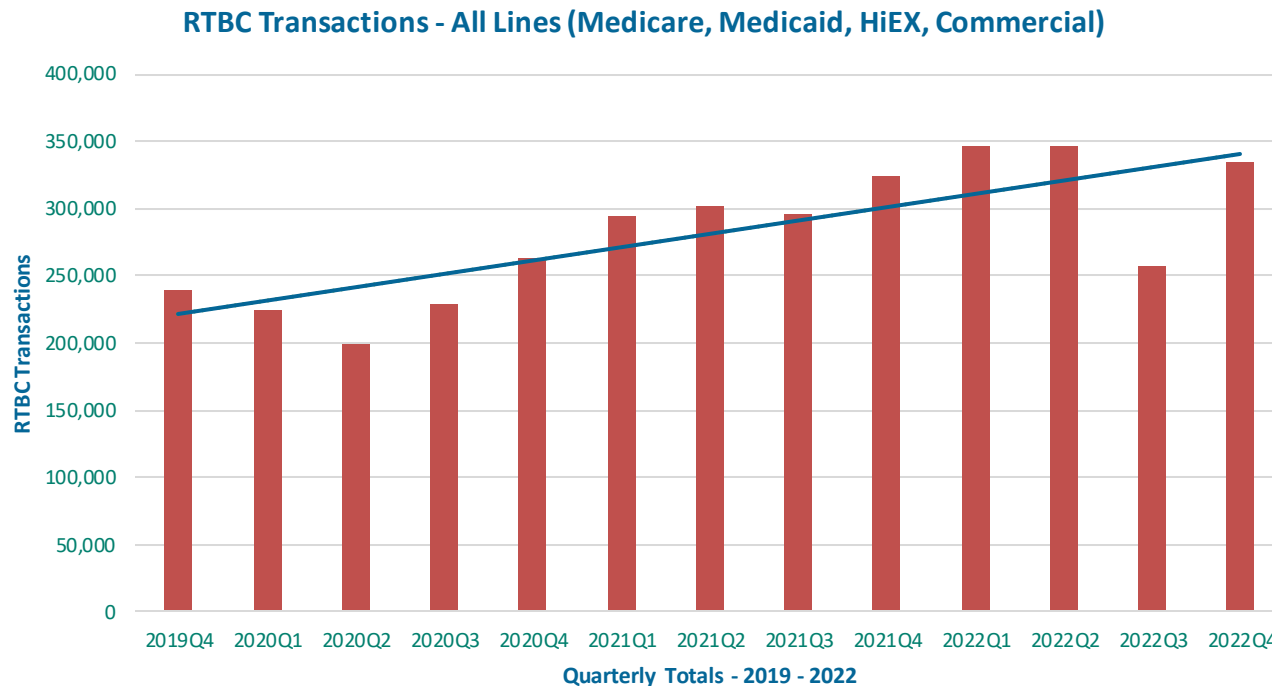
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The Situation

RTBC Landscape

- 37,342 in-network providers (39 counties)

- 8,725 of in-network providers with at least 1 RTBC transaction

- Roughly 23% of network using RTBC

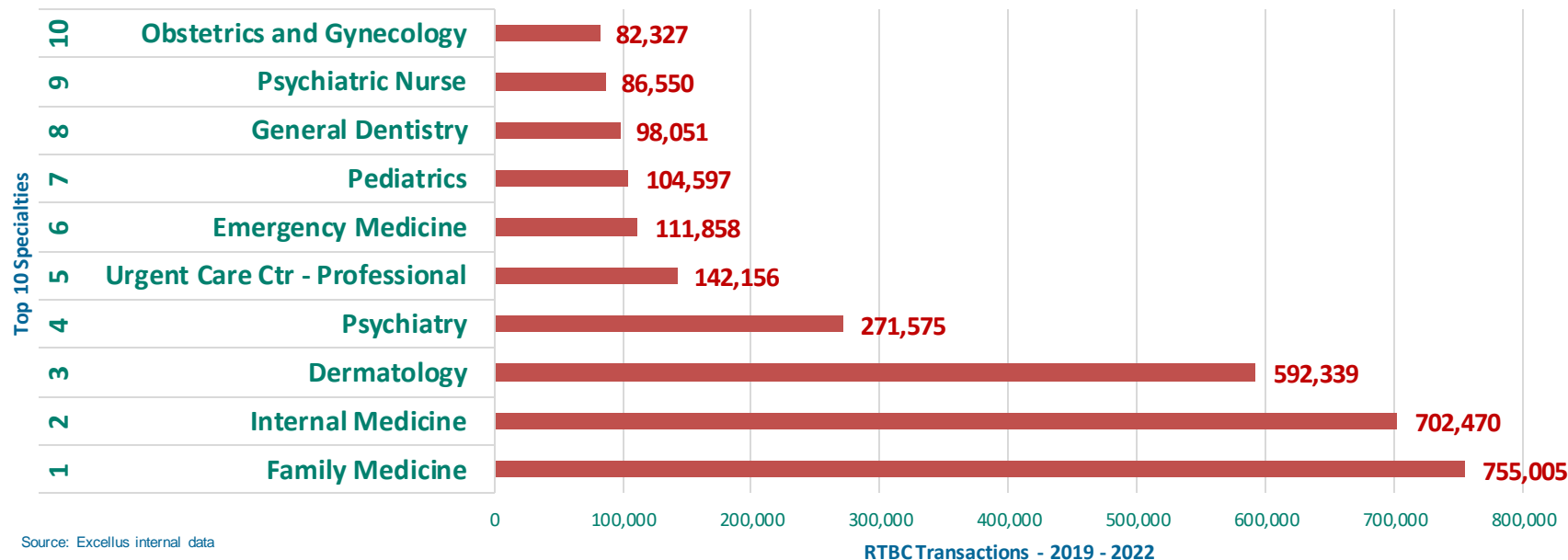- Average 44 RTBC transactions per month

Source: Excellus internal data

RTBC Transactions - All Lines (Medicare, Medicaid, HiEX, Commercial)

Y-axis: RTBC Transactions (0 to 400,000)
X-axis: Quarterly Totals - 2019 - 2022 (2019Q4, 2020Q1, 2020Q2, 2020Q3, 2020Q4, 2021Q1, 2021Q2, 2021Q3, 2021Q4, 2022Q1, 2022Q2, 2022Q3, 2022Q4)

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Top 10 Specialties

RTBC Transactions by Top 10 Specialties

Top 10 Specialties	Specialty	RTBC Transactions - 2019 - 2022
10	Obstetrics and Gynecology	82,327
9	Psychiatric Nurse	86,550
8	General Dentistry	98,051
7	Pediatrics	104,597
6	Emergency Medicine	111,858
5	Urgent Care Ctr - Professional	142,156
4	Psychiatry	271,575
3	Dermatology	592,339
2	Internal Medicine	702,470
1	Family Medicine	755,005

Source: Excellus internal data

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The Data

Comparison of Allowed $/Claim to RTBC Transactions of Six High Volume Prescribers

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Average Patient Savings by Therapeutic Category

Average Savings Per Prescription When a Lower-Cost Alternative Is Chosen

2021	
Anti-Depressants	$51
Anti-Hypertensives	$27
Anti-Cholesterol	$32
Diabetic Therapy	$116
Peptic-Ulcer Therapy	$26

Ranked by Prescription Volume

Source: Surescripts National Progress Report, 2021

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Average Patient Savings by Provider Specialty

Average Savings Per Prescription When a Lower-Cost Alternative Is Chosen

2021	
Internal Medicine	$25
Family Practice	$22
Family Practice	$81
Cardiology	$29
Ophthalmology	$40

Ranked by Prescription Volume

Source: Surescripts National Progress Report, 2020 and 2021

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The Challenge

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Formulary Data in the EHR – The Traditional Formulary & Benefit (F&B) File

Providers have not been enthusiastic about the F&B-based formulary data available in the EHR.

- Information is at the plan level
  - Not group or patient-specific
- Quantity and quality of the data varies widely from one PBM to the next
- The data can be outdated
- Sometimes the data are incorrect

Questions About Data Integrity Have Led to Mistrust of the Traditional F&B Data

Are there really no plan restrictions, or is that data simply missing?

The patient arrives at the pharmacy counter and learns that the drug has prior authorization

Result: Frustrated providers turn off formulary validation or don't review formulary data while ePrescribing

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Traditional F&B Is Enhanced by RTBC

Traditional F&B

- Formulary Status
- Coverage Alerts
- Alternative Drugs
- Distributed Database
- Via Intermediary
- Manual EHR update

RTBC

- Patient Specific
- Member Cost
- Channel Options
- Real Time
- Direct from PBM
- Automatic
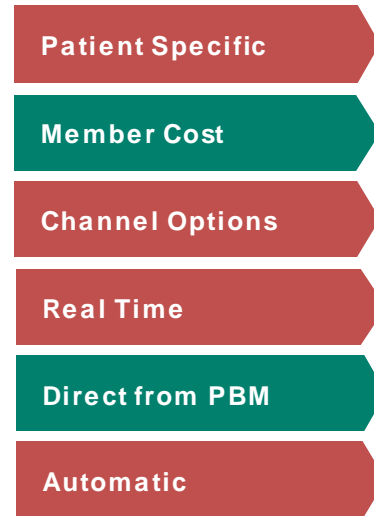
EHR vendors have made RTBC integration seamless.

Practices may not realize that RTBC information is in the EHR.

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Provider Engagement Program

Goal:

Satisfy In-Network provider desire for decision support tools, available within their workflow

- Social Determinants of Health (SDOH)
- Prior Authorization (PA)
- Real Time Prescription Benefit Check (RTBC)
- Quality Measures (QM)

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Motivation

Strengthen Excellus Relationship With Provider Network

Increase Satisfaction
Patients
Providers

Improve Outcomes
Increase fill rate
Speed to therapy

Manage Costs

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Tactical Approach

- Engage health systems and practices who are not using RTBC
  - Provider Relations outreach
- Training curriculum for Provider Relations team
- Reference material for top EHRs
  - How to activate RTBC
  - How RTBC looks in the EHR
- Resources
  - Help Desk to mitigate both technical and content questions

Actions:

- Dispel the myths
- Advocate the benefits
- Help to mitigate technical uncertainty and challenges
- Feedback loop via reporting and analytics

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EHR Reference

SECTION 2
RTBC Integration in the Prescribing Workflow

Once the medication quantity and SIG are entered and the pharmacy has been selected, the Allscripts Rx Price feature displays the RTBC information. Up to five therapeutic alternatives and their prices are provided. With a quantity entered, the Rx Price supplies RTBC pricing details.

Therapeutic Alternatives may also be displayed.

Example of the medication details

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EHR Reference

SECTION 3
Activating RTBC

Activation of RTBC is simple for providers who currently ePrescribe and are enrolled in eAuth.

CATEGORY	YES/NO	NOTES
Software/License/Enrollment Prerequisites	Yes	Provider must be enrolled for eAuth and Surescripts with standard ePrescribing credentials
Separate license for RTBC	No	
Separate cost for RTBC	No	
Separate RTBC Enrollment	No	Once Allscripts implements the eAuth solution, caregivers who currently use ePrescribe are automatically granted eAuth service level
Software Setup/Configuration	Yes	Each eAuth-enabled prescriber must have read/write access for Prior Authorization requests
Who to Contact		Allscripts Inside Sales (formerly Veradigm). Implementation done by Allscripts

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Messaging

A successful engagement plan with practices involves understanding the pain points and offering solutions that complement workflow and reduce clinical and/or administrative burden. In other words, *"What's In It For Me"*

Providers

- Can make the best treatment choice for patients after weighing all factors
- Improve patient trust, rapport and satisfaction
- Speed to therapy
- Reduce risk of abandonment
- Increase patient adherence
- Decrease paperwork and administrative burden for staff
- Reduce the number of calls from pharmacies and/or patients
- Encourage payer partnership

Patients

- Speed to therapy by reducing downstream delays for prior authorization or physician clarifications
- Fully informed of implications of treatment choice including possible alternatives
- Understand financial and payer requirements, increasing adherence
- Decrease pharmacy-counter surprises
- Illuminate pharmacy options that balance cost and convenience
- Increased satisfaction with payer and provider

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Agreement Scale – Show of Hands

Would a tool like an EHR reference be beneficial in your effort to encourage adoption of real-time-benefit check?

1 – not very helpful – 10 very helpful

1 – 5 - 10

Lesson Learned and What's Next

Observations to Date

Provider Perceptions Are Hard to Change

Perception Is Often Focused on the Lowest Common Denominator
Not Us!

Some EHR Workflows Are Not Optimized for RTBC

Decision-making At Large Health Systems Moves Slowly

IT's "To Do" List Is Long

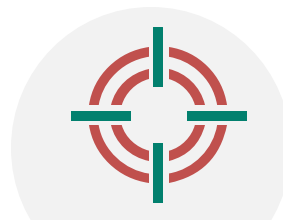**When Providers Are Bought-in They Love It**

What's Next?

Persistent Follow-up After Initial Conversations

Expand Discussions to a Wider Number of Practices

FOCUSED ANALYSIS TO DETERMINE:

Provider satisfaction for providers using RTBC or not using RTBC

Patient satisfaction where primary provider uses RTBC or does not use RTBC

Detailed financial analysis of Rx cost before/after RTBC adoption

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Questions