**Leveraging Benefit Data to Improve Patient Satisfaction at the Point of Care**
**March 10, 2021**

# Agenda

**1:00 -1:10 pm   Welcome & Introductions**
                     **Jennifer Covich Bordenick**, Chief Executive Officer, eHealth Initiative & Foundation

**1:10 -1:40 pm   Panel Discussion Moderated by Jennifer Covich Bordenick**
                     **Panelists: Pooja Babbrah,** Practice Lead for PBM Services, Point of Care Partners
                            **Dr. Andrew Mellin,** Vice President, Chief Medical Information Officer, Surescripts

**1:40 – 1:55 pm Q&A**

**1:55 – 2:00 pm Closing Remark**

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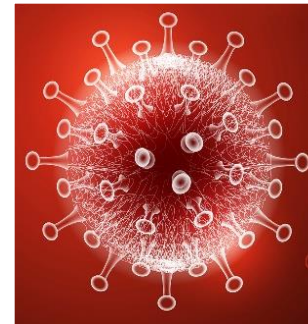# Current Critical Issue Areas



**Consumer Privacy for Health Data**



**Virtual Care**



**Analytics, Social Determinants of Health (SDOH) & Artificial Intelligence**



**COVID-19 Best Practices & Education**

# Important Dates

**Webinars**

- *The Case for a Learning Health System: Lessons from COVID -* March 11
- *How APIs are Changing the Economics of EHR Integration –* March 17
- *Sourcing and Utilizing SDOH Data for Whole-Person Care –* March 25

**Workgroups**

- SDOH/Data Analytics Workgroup - April 22
- Policy Workgroup - March 16, April 20

**Roundtable**

- Maturing Virtual Care in Tribal Communities - March 24

**For a full list of virtual events:  https://www.ehidc.org/events**

# Recent Forums &Webinars



- SDOH Impact on Equity and Diversity in Clinical Trials

- Release of Consumer Privacy Framework for Health Data

- How Providers are Scaling Virtual Care: Best Practices and Lessons Learned from the Leaders

- Expert Perspectives on Virtual Care

- Patient Matching to Combat COVID-19

- Survey Results: Readiness for the ONC and CMS Interoperability Rules

- Improving Access to Healthcare Data via the FHIR Payer Endpoints Directory

# Panelists

Jen Covich Bordenick
CEO
eHealth Initiative and
Foundation

Dr. Andrew Mellin
VP & Chief Medical
Information Officer
Surescripts

Pooja Babbrah
Practice Lead for PBM
Services
Point of Care Partners

**Leveraging Benefit Data**

To Improve Patient Satisfaction
at the Point of Care

March 10, 2021

# Agenda

- Popping the hood on point of care transactions
  - Using Formulary Data Impacts Medication Adherence
  - Steps to a Successful Prescription
  - Formulary Provides a Rich Set of Benefit Information
- Data Visualization in the EHR
- Why Should You Care About Formulary Data?
  - A Focus on Patient Matching
  - Other Transactions are Built on It (including RTBC)
- Formulary & Benefit File Updates – NCPDP Version 5
- What Can You Do?
- Case Study: Improving Data Quality
- Benefits
- Q&A

# Let's Pop the Hood on Point of Care Transactions

**Formulary** has been around for

## 20+ YEARS

If an **RX co-pay** is

## OVER $50

**a quarter of the time** patients won't fill the prescription[1]

Surescripts handles transactions for[2]

## 300 MILLION PEOPLE

## 83%
### OF SUBSCRIBERS

reported the benefits data impacted their prescribing behavior[2]

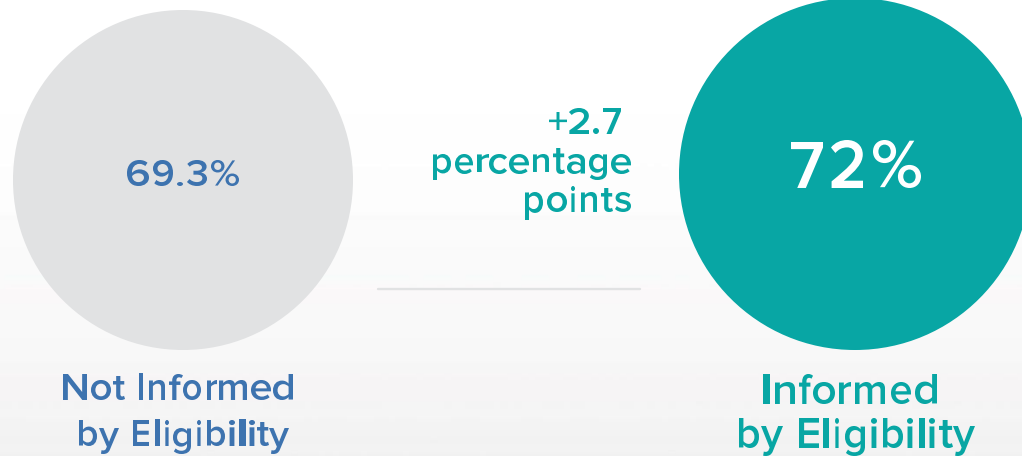1. W.H. Shrank et al., "The Epidemiology of Prescriptions Abandoned at the Pharmacy," Annals of Internal Medicine 153, no. 10 (November 16, 2010)

2. Surescripts Data Brief, How Patient Benefit Data Enhances ePrescribing. Accessed Jan 31, 2021.

https://surescripts.com/docs/default-source/intelligence-in-action/2021_surescripts_patient-benefit-data-enhances-e-prescribing.pdf.
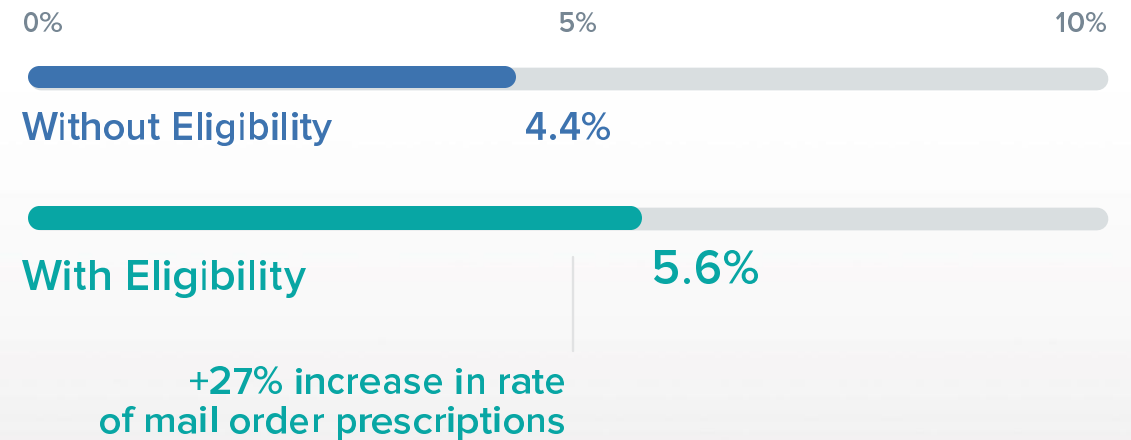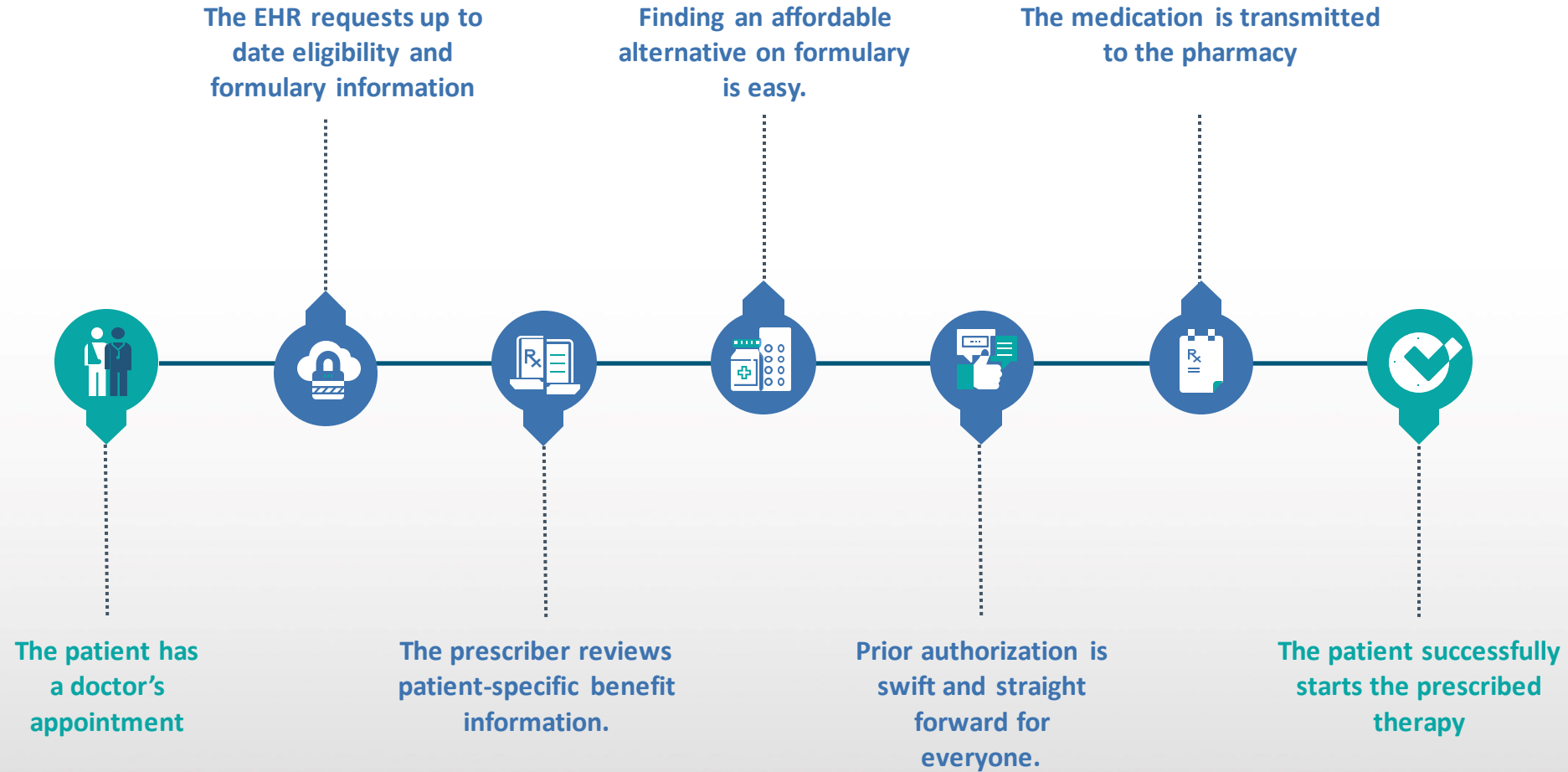
# Using Formulary Data Impacts Medication Adherence

**surescripts**

## PRESCRIPTIONS PICKED UP WITHIN 90 DAYS

**69.3%**

Not Informed by Eligibility

+2.7 percentage points

**72%**

Informed by Eligibility

## PRESCRIPTIONS SENT TO MAIL ORDER PHARMACIES

0%          5%          10%

**Without Eligibility**          4.4%

**With Eligibility**          5.6%

+27% increase in rate of mail order prescriptions

# Steps to a Successful Prescription

**surescripts**

The EHR requests up to date eligibility and formulary information

Finding an affordable alternative on formulary is easy.

The medication is transmitted to the pharmacy

The patient has a doctor's appointment

The prescriber reviews patient-specific benefit information.

Prior authorization is swift and straight forward for everyone.

The patient successfully starts the prescribed therapy

# The Formulary Provides a Rich Set of Benefit Information

**FORMULARY INFORMATION:**

- Drug ID
- Formulary Status List ID
- Coverage List ID
- Alternative List ID
- Formulary Status
- Preference Level
- Relative Cost
- Relative Cost Limit
- Reason Code
- Response Type
- Resource Link & Message Type
- Gender Limits
- Product Coverage Exclusion
- Prior Authorization Required
- Quantity Limits
- Diagnosis Code
- Step Order

- Number to Try
- Minimum & Maximum Age
- Message Type
- Short & Long Message
- Maximum Amount Time Period Start & End Date
- Copay Tier
- Maximum & Minimum Copay
- Days Supply Per Copay
- Percent Copay Rate
- First Copay Rate
- First Copay Term
- Pharmacy Type
- Maximum Amount
- Out-of-Pocket Range Start & End Date
- Flat Copay Amount

The patient's plan level formulary information is available to the prescriber

## Data Visualization in the EHR

Missing Eligibility Response keys and Formulary "flags" leave the prescriber without formulary insight



Complete Eligibility responses and formulary files give the prescriber critical insights at the point of prescribing, including **Prior Auth** and **Formulary Status** indicators

# Why Should You Care About Formulary Data?

Formulary and Benefit Data has been around for more than 20 years, but we are now positioning for the future with **changes to the standard** and **advancements from stakeholders**.

These are leading to:

Increased Patient and Prescriber Satisfaction
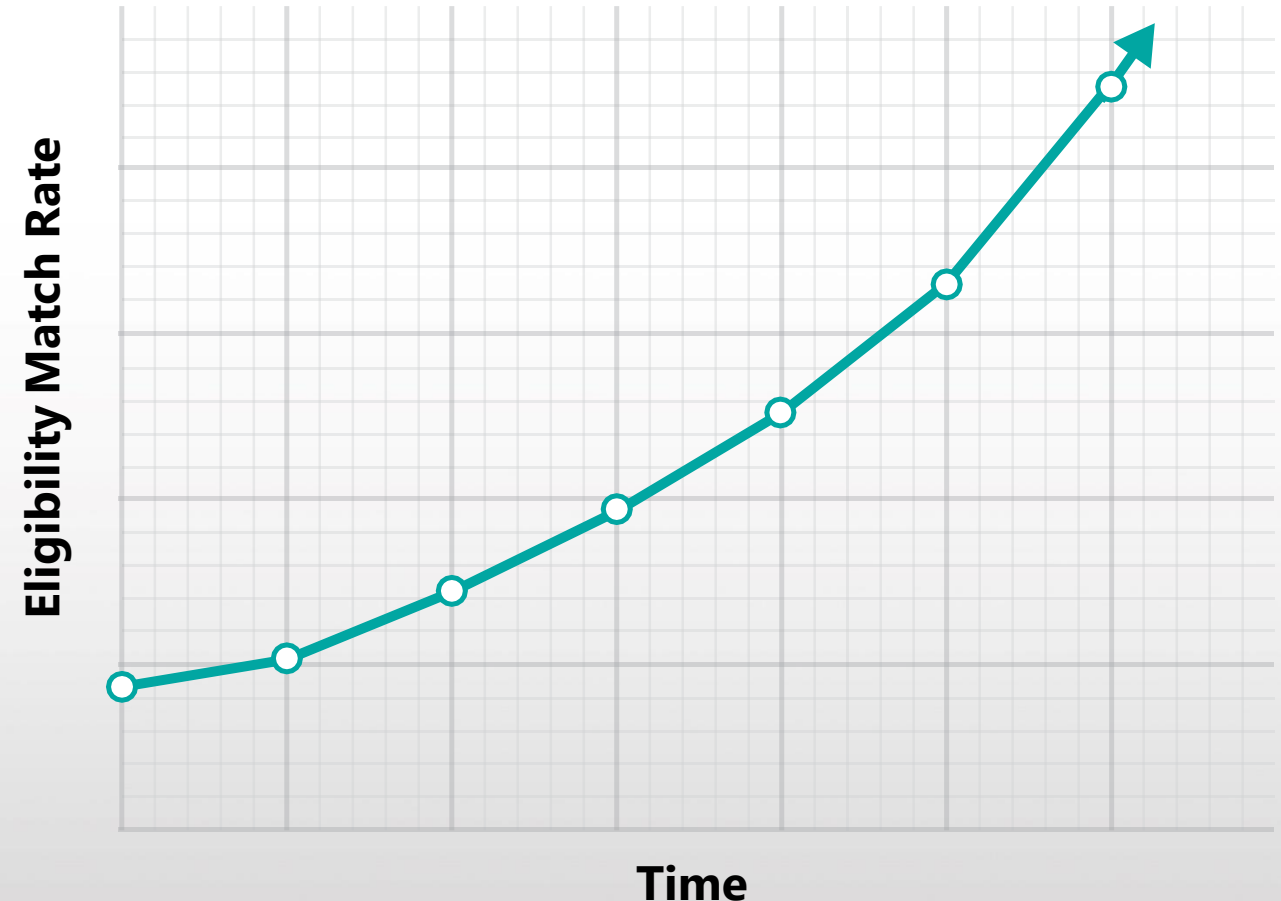
Improved Pharmacy Efficiency
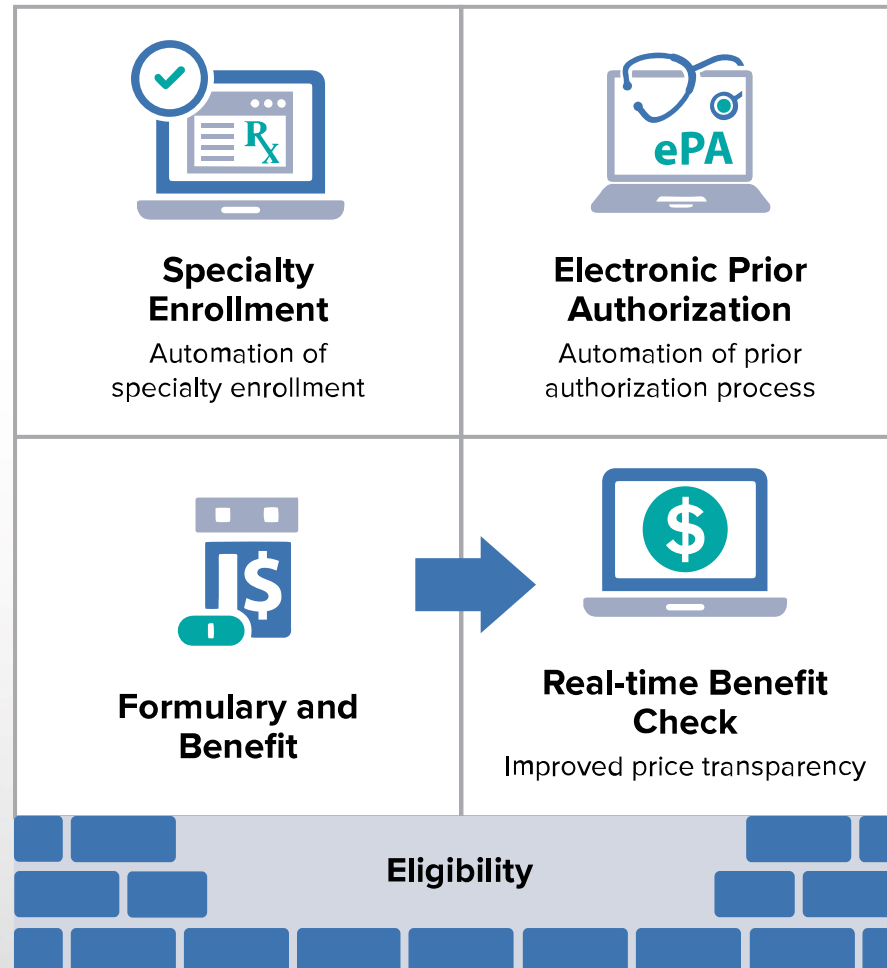
Enhanced Safety and Outcomes for Patients

Cost Savings for Pharmacy Benefit Managers (PBMs), Health Plans, and Patients

- **The industry average** eligibility match rate is approximately 70 percent for prescription benefits
- Industry has seen significant improvement in match rate over the years
- ONC project @ProjectUS focused on standardizing addresses will positively impact match rates
- Continued efforts on patient matching and providing full eligibility data will help move the needle
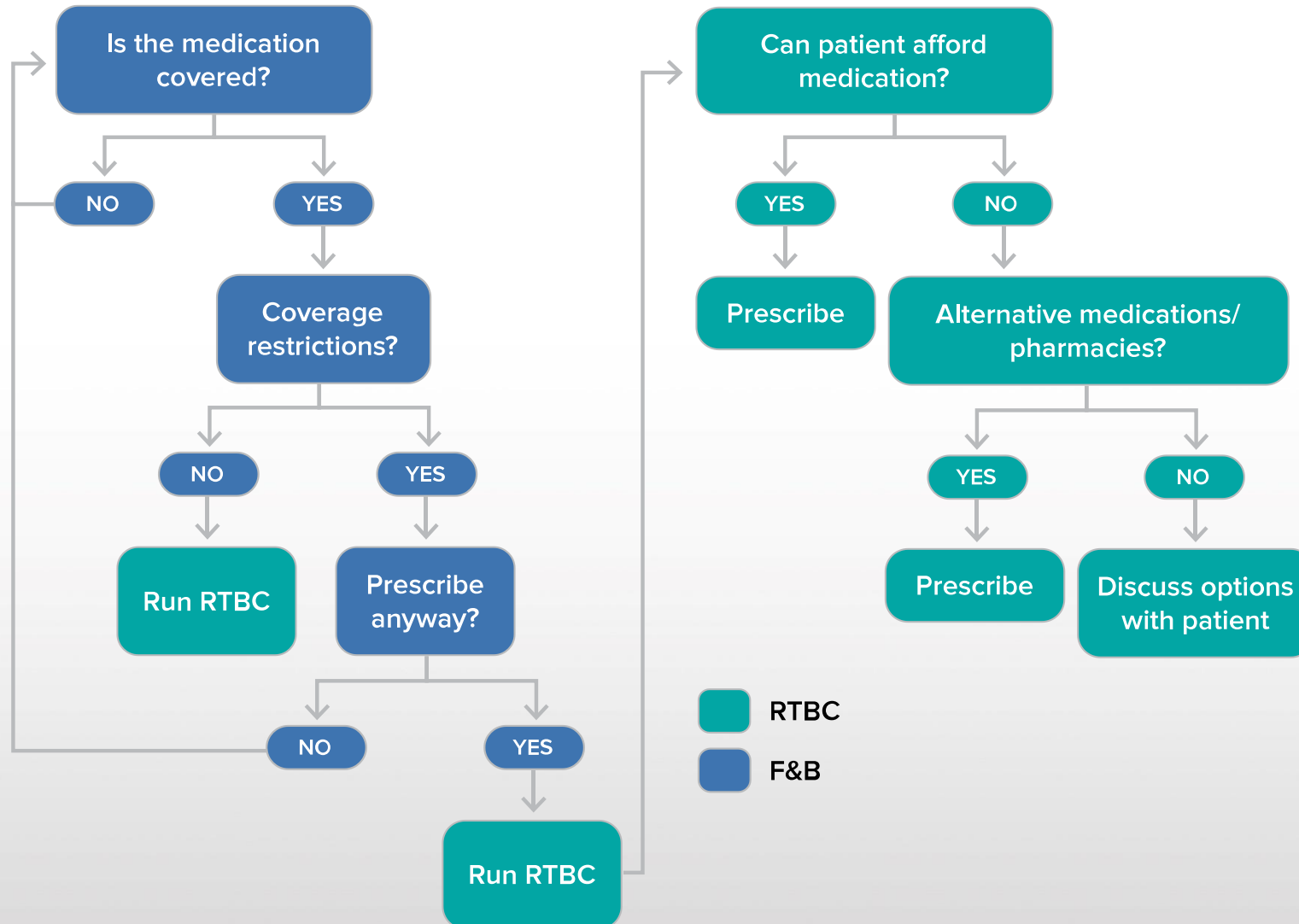
## INDUSTRY AVERAGE



Eligibility Match Rate

Time

# Other Transactions Are Built on Eligibility, Formulary & Benefit

**Specialty Enrollment**

Automation of specialty enrollment

**Electronic Prior Authorization**

Automation of prior authorization process

ePA

**Formulary and Benefit**

**Real-time Benefit Check**

Improved price transparency
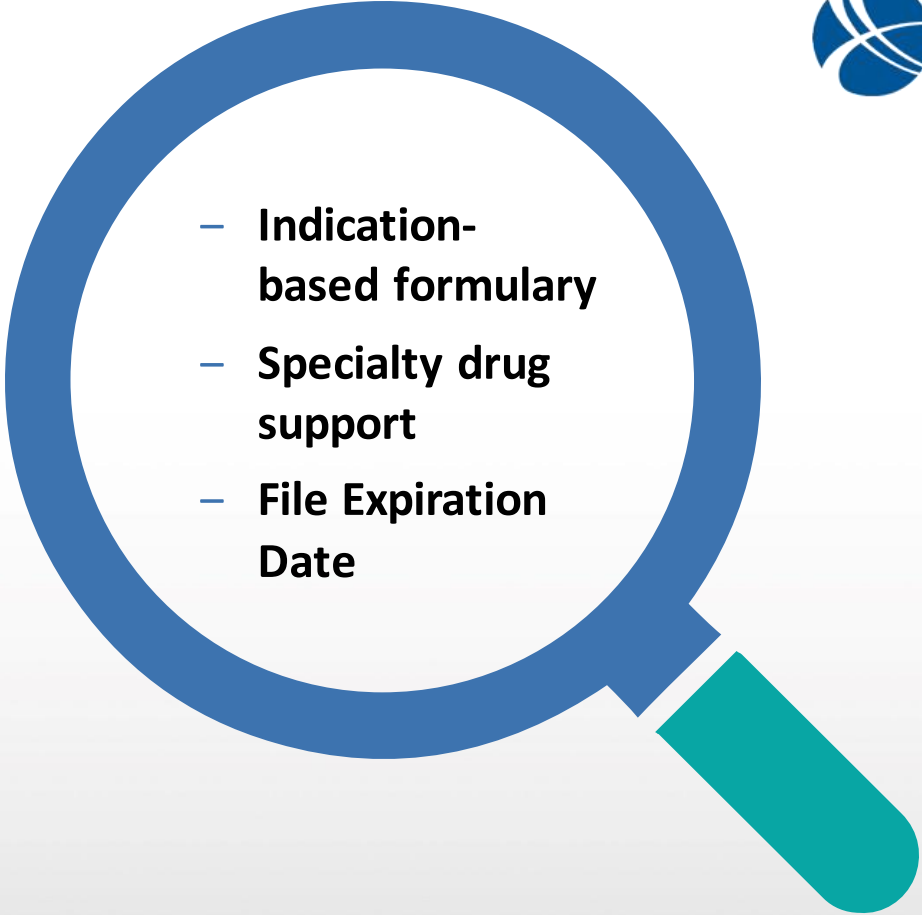
**Eligibility**

*Eligibility is the foundation for F&B information*

**NCPDP Task group devoted to enhancements of F&B file**

- Version 5 Enhancements
  - Redesigned alternatives and step medications:
  - Conditional step meds to support complex step med programs
  - ePA support
  - Allow min/max range w/o % copay
  - Benefit stage copay (deductibles)
  - Medicare Part D support
  - Pharmacy network support
  - Approximate drug cost

  - **Indication-based formulary**
  - **Specialty drug support**
  - **File Expiration Date**

*New Version (V5) will be named in upcoming CMS rule*

# Formulary and Benefit File Updates – Version 5

| Benefits of F&B Enhancements by Stakeholder | |
|---|---|
| **Stakeholder** | **Benefits** |
| Providers | • More robust information available from payers as part of drug selection, including new formulary statuses and information on "carve-out" drugs<br><br>• Approximate patient cost information to reduce pharmacy calls, improve patient adherence, and increase satisfaction. Where drug cost risk sharing is in place, the PBM drug cost can also be included in formulary information<br><br>• Pharmacy network information to reduce calls to change pharmacy |
| Patients | • Additional information during their provider visit, including cost-sharing information and payer prescribing requirements<br><br>• Identifying the patient's in-network pharmacies to the provider to ensure the use of lowest prescription-cost pharmacies |
| Technology Companies/ EHR Vendors | • Streamlined data structure with smaller file sizes and more reusable data sets<br><br>• Better information to satisfy user demand and improve workflow ePA automation support |
| Payers | • Improved communications to providers including the ability to provide PA routing information, resulting in increased formulary compliance<br><br>• Reduced drug costs via improved cost information to patients on copays and providers to support risk-sharing agreements |

# What Can Stakeholders Do To Leverage Benefits Data for Improvement at the Point of Care?

## Payers/PBMs

Send all patients in eligibility file

Adopt V5 NCPDP Eligibility and Formular standard prior to being required to do so by regulation

## EHR Vendors

Add text description for formulary categories

Add specialty indicator

Add indication-based formulary data

## Prescribers

Consistently use benefits data

Explore lower cost alternatives with patients to ensure they can afford treatment

# Case study: Improving Data Quality

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## Steps to Improve Eligibility and Formulary Data Quality

1. Measure "How often do we find a patient?"
   ➡ *Ensure members are loaded in MPI and key patient identifiers are populated*

2. Correct transaction errors after patient is found
   ➡ *Successfully respond to an Eligibility request*

3. Measure how often the most important Eligibility fields are populated
   ➡ *Ensure key data elements returned in Eligibility Response*

4. Verify 271 response provides valid formulary link
   ➡ *Ensure population rate of key Eligibility and Formulary data fields*

5. Measure the accuracy of the data in the formulary that triggers complementary decision tools (eg, Electronic Prior Authorization)
   ➡ *Ensure appropriate prior authorization flags in Formulary*

*Results*

*Increasing population of PA flag fields by ~16% ultimately increased electronic prior authorizations by ~40%.*

*By populating plan coverage description, prescribers better know which coverage to choose if dual-coverage.*

# Benefits? Did Someone Say Benefits?

## ACTIONS TO TAKE

**High Quality Data**
Accurate and complete formulary and eligibility data creates a consistent experience for prescribers

**Up to Date in EHR**
Formulary must be up to date at the point of care to accurately guide therapy choices

**Consistent User Experience**
The best choice must be obvious to the prescriber

**Using Latest Standards**
Enhance solutions to meet today's needs for understanding a patient's pharmacy benefits

## BENEFITS

**Less Friction and Frustration**
The more the prescribers know about patient coverage, including cost and any restrictions, the less likely the patient will be frustrated by cost at the pharmacy

**Speed to Therapy**
Making off formulary decisions can lead to delays in therapy for patients while waiting for unnecessary prior authorizations or changes in therapy

**Reduced Administrative Burden**
Prior authorizations and phone calls can be eliminated

**Medication Adherence**
Improved formulary adherence by prescriber can lead to lower costs and increased first-fill adherence by patients

**Thank You**

THANK YOU FOR JOINING US TODAY