Whitepaper: Physician Insights on the Limitations of Formulary and Real-Time Information

Identifying Payer Opportunities to Support Prescribing Decisions by Offering Better Information

Payers need to better understand what data they are providing to physicians in order to help them prescribe effectively. Understanding what information physicians value during their workflow is critical to ensure that they become more efficient and effective prescribers. Because in the end, "what's in it for me" (WIIFM) is crucial for provider support.

This insight comes from a primary research roundtable that Benmedica hosted with physicians to share their perspectives on Formulary and Benefit (F&B) and Real-Time Prescription Benefit Check (RTPBC) information. Our goals were multi-fold:

- To understand how physicians currently use F&B information to make prescription decisions
- To gather their feedback on current and potential F&B enhancements
- To obtain thoughts on the new real-time prescription benefit check offerings being advanced.

The Physician Dilemma

While physicians found some value in currently available information, their chief concerns revealed that there were opportunities for improvement. Their concerns included:

- Reducing callbacks from patients and/or pharmacies after a visit to change medications
- Lowering costs of medications for patients
- Using their limited time with patients as efficiently as possible

Bruce Wilkinson, president of Benmedica and host of the roundtable, said, "It is easy for payers to think about providing perfect data, but keeping the physician objectives in mind and supporting those challenges may change the data payers provide."

Key Roundtable Insight

Roundtable physicians often ignore F&B information because they have experienced inaccurate data and/or it's confusing

The overall roundtable impression was that formulary information is inaccurate and confusing. Physicians have difficulty deciphering formulary status, tier level, and other cost indicators, when available, that did not identify patient copay. As a result, they often ignore or turn off formulary information.

A recent Surescripts survey revealed that 29% of physicians don't trust drug formulary coverage.[i] This finding coincides with our physicians' own experience of formulary inaccuracies. The impact of formulary inaccuracies and lack of trust is that physicians don't have information to help guide the lowest cost drug choice for patients when patients need the information to manage their costs. A recent study by the Centers for Disease Control and Prevention noted that 6 in 10 US adults received a prescription for medication in the past year and one-fifth of them said they asked for a cheaper drug. Over 11% skipped doses, took less of the medication than prescribed or didn't fill the prescription at all to save money, putting them at risk of health consequences. [ii]

Real-Time Prescription Benefit Checks add to the physician burden

The ability of a real-time prescription benefit check to provide more transparency was not as welcomed as we expected from physicians in the roundtable. The two main concerns physicians had were (1) the time involved to review data from real-time checks on every prescription and (2) how far into the process of writing a

Roundtable Suggestions: How Payer Data Can Solve the Physician Dilemma

Payers can address physician concerns regarding the usability of formulary information and real-time transactions by:

- Offering patient-specific data where possible
- Providing relevant, actionable alternatives through formulary and real-time data
- Ensuring physicians are educated—payers should know how their data appears in Electronic Health Records (EHR)

prescription they were before a real-time check confirmed a choice or required a change.

The physicians believed that real-time checks would lead to extra work. Confirming this was initial payer data that had 22% of prescriptions requiring a change or a prior authorization.[iii] One physician told us that he sees 30-40 patients a day and writes two to three prescriptions per encounter. The rework from 22% of prescriptions being changed would add approximately 30 minutes of additional work per physician per day. Running and reviewing data from a real-time check for each prescription would be too time consuming, especially when he primarily writes generics.

The more time each physician must spend on prescription decisions, the less time is available for other patient care. This problem impedes access to care when physicians are burdened by labor-intensive electronic prescribing.

Payers should provide better information to physicians
As real-time checks are implemented, payers have the opportunity to provide better information to physicians at the point-of-prescribing using formulary & benefit data. This can improve the physician's first selection of medications so that only a small percentage of real-time checks end in changed prescriptions.

More complete information in both formulary data and real-time benefit responses can also enable the physician to select therapeutic alternatives. Access to appropriate alternatives ultimately supports patient adherence, increases the use of payer-preferred prescriptions, saves physicians time, and reduces drug costs for both patients and payers.

Physicians would welcome better, more actionable information from payers as confirmed by a Surescripts' survey revealing that 56% of physicians want increased price transparency (particularly out of pocket medication costs) *but only 11% can retrieve this information electronically.*

Formulary: A Closer Look
Current Use and Perception
Some physicians in our roundtable use formulary data, others ignore it, and several were not even aware that it was available. Those that knew about F&B expressed doubts about its reliability. They also reported being confused by tiers, formulary status, and how this information appears within their EHRs.

Roundtable Insights on Formulary Value
Offers Cost Indicators
Though F&B could be confusing, when it included cost indicators such as the copay or estimated drug price along with preferred alternatives, physicians could make more informed prescription decisions that better fit their patients' budgets. Not one of the physicians in attendance had ever been provided training that included an explanation regarding how to use F&B.

Reduces Callbacks
Physicians felt that accurate information that supported better prescription decisions would lead to fewer callbacks due to high prescription costs. They dread callbacks and want to minimize them as much as possible.

Increases Adherence
Accurate F&B information also led to better patient adherence because patients were more likely to pick up and use prescriptions they could afford.

Roundtable Insights on Formulary Limitations
Provides General Information
While roundtable physicians saw value in F&B data, they noted that access to approximate copay information would be more valuable. Current formulary status and tier level information is not as valuable as an approximate cost the patient will pay for their prescriptions.
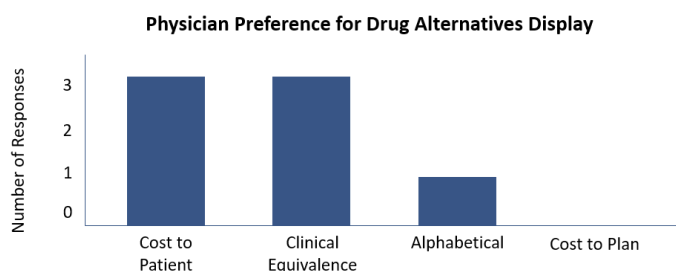
Physician Preference for Drug Alternatives Display

> **"** The lack of confidence in the formulary data provided today was a surprise. It's clear that there are opportunities to improve data and better educate physicians on its use.
> **- Laura Topor**

Offers Imprecise Alternatives
Some alternatives information was present in the physicians' EHRs, but the alternatives presented were either not appropriate to the current drug selection or were simply first-line generics that had already been considered for therapy. There is room for significant improvement in the information provided to physicians when selecting medications.

Laura Topor, President of Granada Health and a roundtable discussion leader said, "The lack of confidence in the formulary data provided today was a surprise. It's clear that there are opportunities to improve data and better educate physicians on its use."

Real-Time: A Projected Value
Explanation of Concept
None of the physicians in our roundtable had used real-time prescription benefit checks. We explained the concept, demonstrated current capabilities, and showed them where it is located in the EHR workflow. We also delineated the source of the data and its intended use. None of this was apparent to the roundtable participants before our discussion—their comments were based on their impressions in the session.

The initial reactions to real-time capabilities were mixed. The overall concept was received well, but the physicians raised concerns about the time investment required to change strength, directions, and quantity if a real-time check requires that a prescription be modified.

Roundtable Insights on the Benefits of Real-Time
Confirms Prescription Coverage
The physicians noted that confirming whether a drug was covered was useful for some prescriptions, particularly for more expensive drugs or new medications they didn't routinely prescribe.

Displays Pharmacy Network Status
Knowing if a pharmacy is in-network would help physicians avoid patient requests to transfer or rewrite prescriptions. Seeing which pharmacies were preferred would be more helpful. It is one reason for a callback and can help reduce patient drug costs. Doctors may appear more credible when they can advise patients on which pharmacy offers the lowest cost prescription option in advance. It is worth noting that the next version of the F&B standard, which is widely used today by the industry, is estimated to be implemented in 2022, will support pharmacy networks so that pharmacy selection can occur

earlier in the workflow versus RTPBC's hit and miss approach.

Redirecting prescriptions is particularly burdensome for physicians at the beginning of the year when many plans change the network status of pharmacies. Physicians indicated that viewing this information in real-time in the EHR would help them initially send prescriptions to the correct in-network pharmacies.

Identifies Prior Authorizations
Physicians also found real-time patient-specific information on prior authorization requirements to be helpful. Knowing in advance if a drug required approval would enable physicians to select alternatives without restrictions or start the approval process before the patient goes to the pharmacy. Also, real-time confirms F&B information on whether or not the patient still has a PA requirement for the selected drug. Avoiding or at least confirming potential PA restrictions save physicians time.

Supports Risk-Sharing Arrangements
The roundtable physicians that were part of a risk-sharing arrangement such as accountable care organizations (ACOs) did see a potential advantage in being able to identify the total cost of the drug as part of their evaluation of alternatives during a visit and are much more likely to use it.

Roundtable Insights on the Limitations of Real-Time
Often Unnecessary
One of the biggest drawbacks of real-time, according to the physician panel, was that it was unnecessary for most prescriptions. The physicians noted that they wrote generic when possible, so running real-time to confirm coverage was not needed. Each doctor in the roundtable agreed that they had favorite prescription drug lists and required a compelling reason such as clinical issues or a significant cost difference to deviate from those prescriptions.

Creates Additional Work
The physicians believed that real-time checks would lead to extra work. They were particularly frustrated by the prospect of modifying as many as 22% of prescriptions

> **Physicians valued alternatives that were carefully curated by relevancy and appropriate strengths.**
> - Liz Shea

after running a real-time check. The roundtable thought that having to review multiple real-time inquiry results for each patient would take too much time away from direct patient care and other activities that impact patient outcomes.

Disrupts Workflow

The consensus was that a real-time check is poorly located in the workflow. Having to write all or most of a prescription before seeing a response was a major drawback. The task of determining the strength, potentially adding or modifying patient instructions, entering quantity, and selecting the pharmacy all add to the time burden on physicians if a prescription change is needed. This problem compounds with each additional prescription.

Real-Time Prescribing Process

Patient Search
↓
Patient Eligibility
↓
Drug Search & Formulary Info
↓
Drug Strength & Form Chosen
↓
Rx Details Completed
↓
eRx Review Screen Initiated
↓
Real-Time Benefit Review
↓
eRx is Sent or Changed

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Complicates Alternatives

The physicians proposed that quickly identifying a relevant alternative was critical to their adoption of this technology. Alternatives that include first-line therapies for a selected second-line therapy are not very useful as those drugs have already been considered. Without valid alternatives in the real-time data, the trial and error to find the best alternative seemed frustrating.

Alternatives also need to be the appropriate and relevant strength. Not all 20 mg tablets in a therapeutic class are equivalent. It is often possible that the prescribed 20 mg tablet has an alternative drug strength that is 10 mg. Liz Shea, Benmedica Chief Clinical Officer, and roundtable observer noted, "Physicians valued alternatives that were carefully curated by relevancy and appropriate strengths."

Requires Physician Education

The roundtable physicians indicated that when F&B capabilities in the EHR were rolled out, there was a lack of

education. They anticipate similar issues with the learning curve for real-time pharmacy benefit information. Payers might have to help physicians understand new real-time benefit information to enable its effective use. Education and promotion of the new tool's advantages were noted by the roundtable as a significant barrier to use.

About the Roundtable

Goals

Benmedica set out to gain a broad understanding of current e-prescribing challenges and successes, especially those related to how physicians currently use EHRs to write prescriptions. We were particularly interested in:

- The physicians' understanding and use of F&B information
- What their initial reaction was to real-time prescription benefit checks
- How they identify prescription alternatives within EHRs
- The value of alternatives with copay and equivalent dosing information

Participants

Our panel included seven physicians across five specialties from the St. Louis health community. Between them, the physicians currently use more than a half dozen different EHRs with Epic being the most common.

Hosts

The Benmedica roundtable hosts are all experts in EHR formulary data with extensive experience in the e-prescribing landscape.

Methodology

Participants were provided an overview of EHR functions including F&B information, RTPBCs, and alternatives. Following a short presentation, time was provided for the participants to engage in an open question and answer session. Finally, they were given an anonymous survey designed to acquire their opinions on the topics discussed.

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i https://surescripts.com/docs/default-source/intelligence-in-action/1785_databrief_providersurvey_graphics_final3_web.pdf?sfvrsn=103e7dca_14

ii https://surescripts.com/docs/default-source/intelligence-in-action/1785_databrief_providersurvey_graphics_final3_web.pdf?sfvrsn=103e7dca_14

iii https://www.pocp.com/wp-content/uploads/AMCP_2018_Leveraging_Technology_Patient-Level_Formulary_Benefits.pdf