

Electronic Prior Authorization (ePA): Overcoming Barriers to Implementation

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Purpose

- Understand the framework of ePA
- Learn about the value of the new ePA transaction standards when compared to the current system
 - Significant opportunity to enhance ePrescribing and Prior Authorization (PA) workflows
- Hear about insights gained from a national pilot
- Become aware of the current landscape and the different approaches or phases of implementation
- Learn how you can help accelerate ePA adoption
 - Future: AMCP - currently developing Steering Committee to create a Managed Care ePA Implementation Guide



Agenda

- **Forms, Fax, Phones and Portals:** The impact of prior authorization (PA) today
- **The New Standard for Electronic Prior Authorization:** Improved workflow efficiency solution
- **Why Now:** The Drivers of Standardized Electronic Prior Authorization (ePA)



About AMCP

The Academy of Managed Care Pharmacy (AMCP) is a national professional association of pharmacists, health care practitioners and others who develop and provide clinical, educational and business management services on behalf of more than 200 million Americans covered by a managed pharmacy benefit. AMCP members are committed to a simple goal: providing the best available pharmaceutical care for all patients. Some of the tasks AMCP's more than 6,000 members perform include:

- Monitoring the safety and clinical effectiveness of new medications on the market
- Alerting patients to potentially dangerous drug interactions when a patient is taking two or more medications prescribed by different providers
- Designing and carrying out medication therapy management programs to ensure patients are taking medications that give them the best benefit to keep them healthy
- Creating incentives to control patients' out-of-pocket costs, including through lower copayments on generic drugs and certain preferred brands.

Mission: To empower its members to serve society by using sound medication management principles and strategies to improve health care for all.



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About NCPDP

Founded in 1977, the National Council for Prescription Drug Programs (NCPDP) is a not-for-profit, ANSI-accredited, Standards Development Organization with over 1,600 members representing virtually every sector of the pharmacy services industry.

NCPDP members have created standards such as the Telecommunication Standard and Batch Standard, the SCRIPT Standard for e-Prescribing, the Manufacturers Rebate Standard and more to improve communication within the pharmacy industry.

Our data products include dataQ®, a robust database of information on more than 76,000 pharmacies, and HCldea®, a database of continually updated information on more than 2.3 million prescribers. NCPDP's RxReconn® is a legislative tracking product for real-time monitoring of pharmacy-related state and national legislative and regulatory activity. www.ncdp.org



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Today's Speaker

Anita Murcko, MD, FACP – President and CEO of Cambiare, LLC

Dr. Anita Murcko is president and CEO of Cambiare, LLC and a clinical associate professor with more than 20 years of practice experience as an internal medicine physician. She has been formative in Arizona's health information exchange (HIE), e-prescribing and electronic health records (EHR) initiatives. She is a recent recipient of the American College of Physicians (ACP) Laureate Award, The Arizona Capital Times as a Leader of the Year in Public Policy for Healthcare and selected by the Arizona Business Magazine as a Health Care Leader of the Year in Public Policy for Healthcare finalist.

Most recently, Dr. Murcko provided clinical leadership for the Arizona Medical Information Exchange (AMIE) and the Purchasing & Assistance Collaborative for Electronic Health Records (PACeHR) as its Medical Director for Clinical Informatics & Provider Adoption.

Dr. Murcko received her MD from the University of Pittsburgh School of Medicine and completed her internal medicine residency at Indiana University.



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Today's Speaker

Melissa Brown – Director of Benefits Messaging, Surescripts

Melissa Brown is a Product Director at Surescripts where she is responsible for Electronic Prior Authorization and other product offerings that leverage NCPDP Standards.

Melissa is an active member of NCPDP and has more than 19 years of experience with the development, launch and implementation of health care information technology products and services. Melissa has a Bachelor of Science Degree from the University of Wisconsin.



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Today's Speaker

Tony Schueth – Leader, Prior Authorization Workflow-to-Transactions Task Group, NCPDP; CEO & Managing Partner, Point-of-Care Partners

Tony is leader for the NCPDP electronic prior authorization (ePA) workflow-to-transactions task group, a co-leader of the NCPDP Specialty ePrescribing task group, and is on the Academy of Managed Care Pharmacy HIT Advisory Council.

He is also CEO & managing partner of Point-of-Care Partners (POCP), a health information technology (HIT) strategy and management consulting firm specializing in the evolving world of electronic health records. A 25-year healthcare veteran, he is an expert in HIT, in general, and one of the nation's foremost experts in ePrescribing, ePrior Authorization and eMedication Management.

He has a master of science degree from Northwestern University in Evanston, Illinois and a bachelor of arts degree from Butler University in Indianapolis, Indiana.



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Faculty Disclosures

- Dr. Anita Murcko, Melissa Brown, and Tony Schueth, report no actual or potential conflicts of interest associated with this presentation



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Forms, Fax, Phones and Portals

The impact of prior authorization (PA) today



Anita Murcko, MD, FACP



“It’s a nuisance, time-consuming, and often not in the patient’s best interest”

—George G. Ellis, Jr., MD Internal medicine physician & Medical Economics editorial advisor

How did we get here?



What is Prior Authorization?

Cost-savings feature that helps to ensure the safe and appropriate use of selected prescription drugs and medical procedures.

- Criteria based on clinical guidelines and medical literature
- PA drug list and criteria vary by payer

EXAMPLE OF PAPER-BASED PA FORM

This form includes fields for Patient Name, Patient ID#, Patient Date of Birth, Physician Name, Physician Phone, and Physician Fax. It contains 11 numbered questions regarding drug use, patient history, and medical conditions. For example, question 1 asks 'What drug is being prescribed?' with options like Omnitrope, Salsen, Genotropin, Humatrope, Modotropin, Nutropin, etc. Question 4 asks 'Does the patient have any of the following contraindications to GH therapy?' with options for Active or history of malignancy, Diabetic retinopathy, and Acute critical illness.



PA Forms and Formats Differ by Plan and Drug

A stack of several different paper-based prior authorization forms, including 'ADHD Across Quality Limit Prior Authorization Form', 'Medicaid Preferred Drug Program', 'Pharmacy Request for Prior Approval', and 'Prior Authorization Request Form'. The forms vary in layout, font, and required information, illustrating the complexity and inconsistency of these documents.




manual completion and submission is burdensome



Manual Prior Authorization Impacts Everyone

- At pharmacy patient and pharmacist learn prior authorization (PA) needed
- Pharmacist phones or faxes prescriber to request PA initiation
- Provider and pharmacy benefit manager (PBM) exchange multiple calls, faxes, portal forms
- After waiting days—or even weeks—and more calls PA obtained and patient notified




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Prior Authorization: Measurable Burden

“On average, **physicians spend 15 minutes** dealing with [drug PAs] throughout the patient interaction”

HealthAffairs

May 2009

“What Does It Cost?”

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Prior Authorization Impact on Prescribers

“Interactions with health plans cost practices
\$23 to \$31 billion
yearly”

3 - 8 hours
Per physician
each week¹

\$ Thousands
Per physician
each year¹

1. Health Affairs, Volume 28 No4 w533. July/August 2009: “What Does it Cost Physician Practices to Interact with Health Plans?” Lawrence P. Casalino, et al.

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Prior Authorization Impact on PBMs

90%
OF PA REQUESTS
REQUIRE
PHONE OR FAX¹



**OPERATIONAL
INEFFICIENCY**

\$20 -25
PER SUBMISSION
TO PBM²

91%
OF PHYSICIANS ARE
“FRUSTRATED
WITH PAS”³

PHYSICIAN ABRASION
**DAMAGED
REPUTATION**⁴
PATIENT COMPLAINTS

1. Managed Healthcare Executive, 2009, *Manage Medical Advances with Automated Prior Authorization*, D. Moeller
 2. American Journal of Managed Care, *A Physician-Friendly Alternative to Prior Authorization for Prescription Drugs*, Published Online, Dec. 2009
 3. National Council for Prescription Drug Programs (NCPDP) ePA Task Group, December 2011
 4. HealthCare Payer News, *Streamlining Pre-authorizations to Prevent Physician Abrasion*, Feb. 2013

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Prior Authorization Impact on Pharmacy



- **\$11,440** cost per pharmacist per year¹
- **4 hours median time** spent on PAs per week

¹ Krieger, Leah (2011, Spring). *Prescription for Prior Authorizations: A Better Way*. Retrieved March 2014, from <http://www.policymattersjournal.org/krieger.html>.



PA Impacts Patient Wait Times for Medicine



“My doctor increased the dose from 2mg to 4mg. I went to pick up my new script only to find out my insurance requires a Prior Auth. So I can’t pick up my script until this is settled and I am out of meds.” – Patient, Online Forum

Quote from <http://www.crazymeds.us/CrazyTalk/index.php/topic/16320-abilify-pre-authorization-cant-get-script/>



Streamlining Prior Authorization is a Top Priority for Providers

#1

Most desired e-prescribing capability is ePA¹

91%

Frustrated with prior authorization²

28%

Would switch EHR vendor for ePA³

¹ NCPDP ePA Task Group, 2011

² Surescripts Survey (n = 2,391) http://www.ncdp.org/pdf/NCPDPePATaskGroup_WhereHaveWeBeen_%20Final121511.pdf

³ Surescripts Survey (n=123)



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Gaps in Current PA Activities

- **Prescriber often not aware that prescribed drug requires PA**
- **Criteria not residing within EHR or visible to physician**
- **Does not automate the entire process – various workarounds that may or may not meld together**
- **Paper forms and portals require manual reentry of data that may already reside electronically within an EMR**
- **Multiple routes to obtain PA depending on health plan, drug, pharmacy, and patient combination**



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The New Standard for Electronic Prior Authorization

Improved workflow efficiency solution



Melissa Brown



NCPDP SCRIPT Standards for ePrescribing

- **Formulary, benefit, eligibility capabilities**
 - exchange between prescribers and payers for pharmacy benefits
- **Prescription routing and medication history capabilities**
 - exchange between prescribers, pharmacies, intermediaries, payers
- **Electronic prior authorization capabilities**
 - exchange between prescribers and payers for pharmacy benefits

NEW



NCPDP SCRIPT Standard for Electronic Prior Authorization (ePA) Transactions

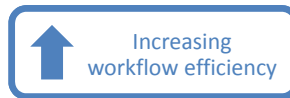
- Officially approved as part of the NCPDP SCRIPT Standard in July 2013



Physician EHR



PBM



NCPDP SCRIPT Standard ePA transactions were Successfully Pilot Tested





Pilot supported by industry leading companies

- Allscripts
- CVS Caremark
- Navinet/CoverMyMeds
- Surescripts



NCPDP SCRIPT Standard transactions Enables Options for ePrior Authorization Workflow

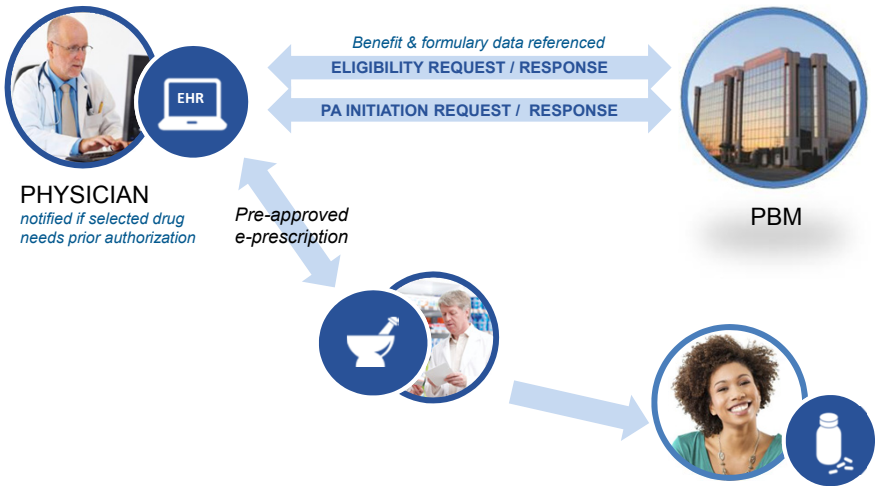
- **Prospective** workflow initiated at prescriber level *before* sending e-prescription to pharmacy
 - Physician identifies drugs requiring a PA before prescription is sent
- **Retrospective** workflow initiated at pharmacy *after* prescriptions is sent and rejected by PBM

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Prospective ePA Implementation Approves PA Before RX is Sent





PHYSICIAN
notified if selected drug needs prior authorization

PBM

PHARMACY

PATIENT






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Prospective ePA Integration Within the eRx Workflow - New Best Practice

- Leverages eligibility & formulary data to **notify providers of medication PA requirements before e-prescribing**
- Instead of forms, **specific PA questions are sent to the EHR**, based on patient, plan, and medication
- **Pre-population** of required patient information adds efficiency and accuracy to administrative tasks
- Real-time communications with PBM to complete **prior authorization review before sending e-prescription**
- **Preapproved e-prescriptions** routed to pharmacy and won't be subject to PA block



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NCPDP ePA Message Types

PA Initiation Request	Prescriber → PBM/Payer
PA Initiation Response	PBM/Payer → Prescriber
PA Request	Prescriber → PBM/Payer
PA Response	PBM/Payer → Prescriber
PA Appeal Request	Prescriber → PBM/Payer
PA Appeal Response	PBM/Payer → Prescriber
PA Cancel Request	Prescriber → PBM/Payer
PA Cancel Response	PBM/Payer → Prescriber

Note: All requests and responses are real-time bi-directional messages based on the NCPDP SCRIPT Standard






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ePA Implementations Vary

Capabilities	Prescriber Portals	PBM/Payer Portals	Fully Integrated into EHR
Integrated into physician EHR workflow			✓
Prospective workflow capabilities			✓
Retrospective workflow capability	✓	✓	✓
Integrated into the e-prescribing workflow			✓
Automatically pull patient medical history from EHR into PA question sets			✓
Broad connections to several PBMs/Payers	✓		✓
Bi-directional network of PBM/Payers and Providers/EHRs	✓	✓	✓





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E-Prescribing Using Electronic Prior Authorization: Prescriber Perspective

EMR Example



Anita Murcko, MD, FACP

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1. Prescriber initiates new prescription within EMR workflow and is notified that a PA is required

Patient: Doe, Jane Gender: F, 07/02/1944 (69 Y) Patient ID: A1993 JS Family Practice Chicago John Smith, MD, MD

Active allergies: None entered
 Active problems: None entered
 Active medications:
 Retail pharmacy: CVS PHARMACY #9210, 10653 NORTH SCOTTSDALE ROAD ...
 Mail Order Pharmacy: CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ...

Medication And Sig	Quantity	DAW	Refills	Days
ibuprofen - 100MG CAP TAKE 1 CAPSULE DAILY	90	3	90	

Formulary Alternatives: No Alternatives
 Formulary Notes: No Formulary Notes Available
 Coverage & Co-pay: Coverage Limits: Prior authorization required.

Prospective PA request complements e-prescribing workflow



2. Prescriber finalizes prescription and initiates ePA task

Patient: Doe, Jane Gender: F, 07/02/1944 (69 Y) Patient ID: A1993 JS Family Practice Chicago John Smith, MD, MD

Active allergies: None entered
 Active problems: None entered
 Active medications:
 Retail pharmacy: CVS PHARMACY #9210, 10653 NORTH SCOTTSDALE ROAD ...
 Mail Order Pharmacy: CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ...

Script Pad

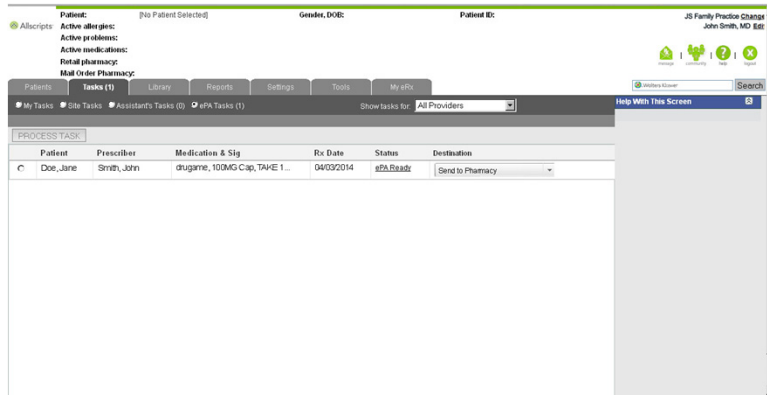
Rx Date	Medication & Sig	Destination	Print Center	Print
04/02/2014 11:09 AM	ibuprofen 100 MG Cap - TAKE 1 CAPSULE DAILY. QUANTITY 90 Cap - REFILL 3 - Days Supply: 90			

Buttons: Send to ePA Task List, Remove, Edit

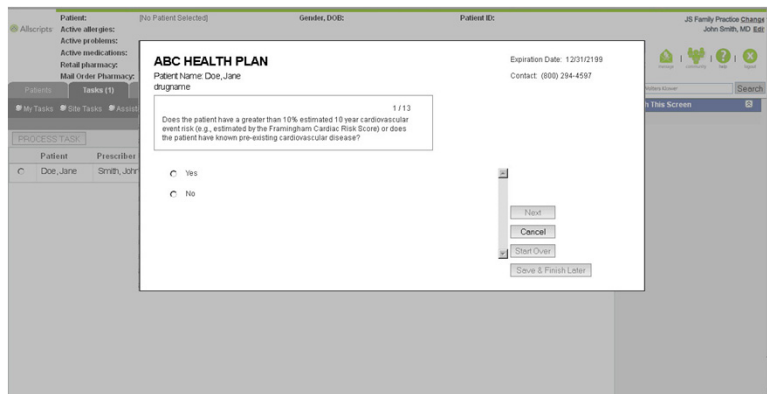
Review Script Pad: This page allows you to review your script(s) for accuracy prior to processing them.



3. PBM/Payer returns PA question sets within the EMR



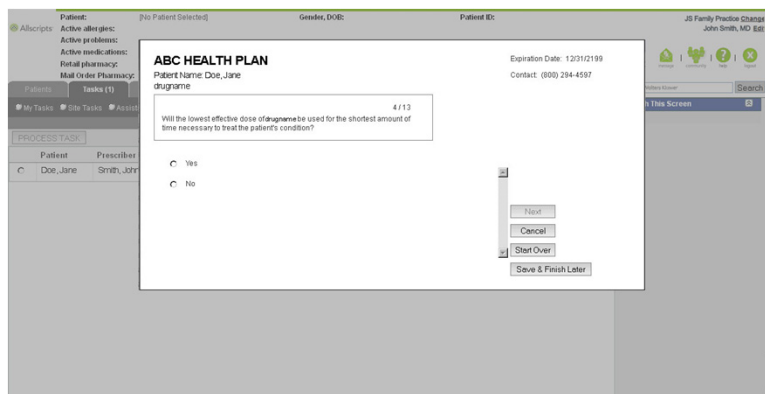
4. PA questions presented in logical, sequential flow



5. Prescriber answers questions following the criteria path



6. Additional questions reviewed and completed with ease



7. Additional questions...reviewed and completed

The screenshot shows a software interface for a patient health plan. The main window is titled "ABC HEALTH PLAN" and includes patient information: "Patient Name: Doe, Jane", "Expiration Date: 12/31/2199", and "Contact: (800) 294-4597". A question is displayed: "Is the patient being treated for post-operative pain following CABG surgery?" with a progress indicator "5 / 13". Below the question are two radio button options: "Yes" and "No". At the bottom of the question box are four buttons: "Next", "Cancel", "Start Over", and "Save & Finish Later". The interface also features a sidebar with navigation options like "My Tasks", "Site Tasks", and "Assess", and a top navigation bar with "Patient" and "Prescriber" tabs.

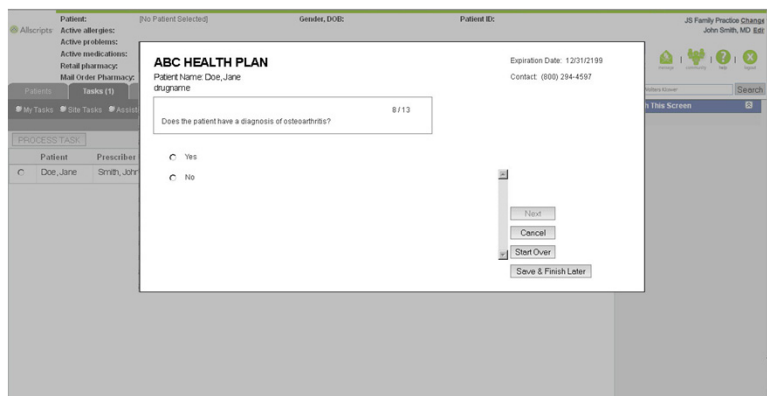
8. Additional questions...reviewed and completed

The screenshot shows a software interface for a patient health plan, similar to the previous one. The main window is titled "ABC HEALTH PLAN" with the same patient information. The question is: "Does the patient have a diagnosis of juvenile rheumatoid arthritis (JRA), also referred to as juvenile idiopathic arthritis (JIA)?" with a progress indicator "6 / 13". Below the question are two radio button options: "Yes" and "No". At the bottom of the question box are four buttons: "Next", "Cancel", "Start Over", and "Save & Finish Later". The interface layout, including the sidebar and top navigation bar, is consistent with the previous screenshot.

9. Additional questions...reviewed and completed



10. Additional questions...reviewed and completed



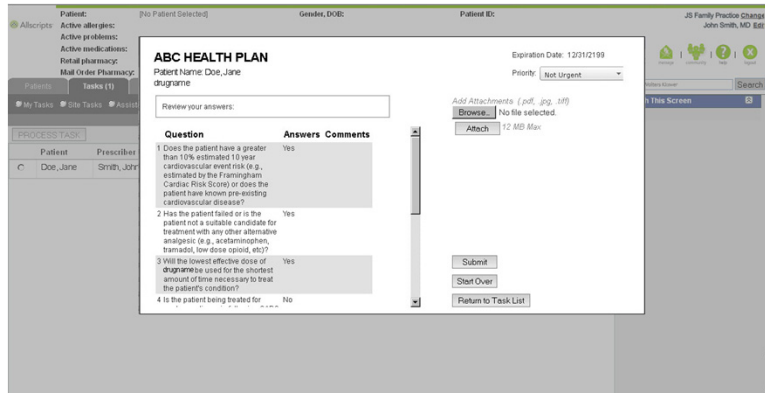
11. Additional questions...reviewed and completed

The screenshot displays the 'ABC HEALTH PLAN' interface. At the top, it shows 'Patient: [No Patient Selected]', 'Gender, DOB', and 'Patient ID:'. On the right, it lists 'Expiration Date: 12/31/2199' and 'Contact: (800) 294-4597'. The main content area contains a question: 'Is the patient taking daily aspirin (ASA) therapy?' with a progress indicator '11 / 13'. Below the question are two radio button options: 'Yes' and 'No'. At the bottom right of the question box are four buttons: 'Next', 'Cancel', 'Start Over', and 'Save & Finish Later'. The left sidebar includes sections for 'Allscripts', 'Active allergies', 'Active problems', 'Active medications', 'Retail pharmacy', and 'Mail Order Pharmacy'. Below these is a 'My Tasks' section with 'Site Tasks' and 'Assist' buttons. A 'PROCESS TASK' table lists 'Patient' and 'Prescriber' as 'Doe, Jane' and 'Smith, John'. The top right corner shows 'JG Family Practice Change John Smith, MD Edit' and a search bar.

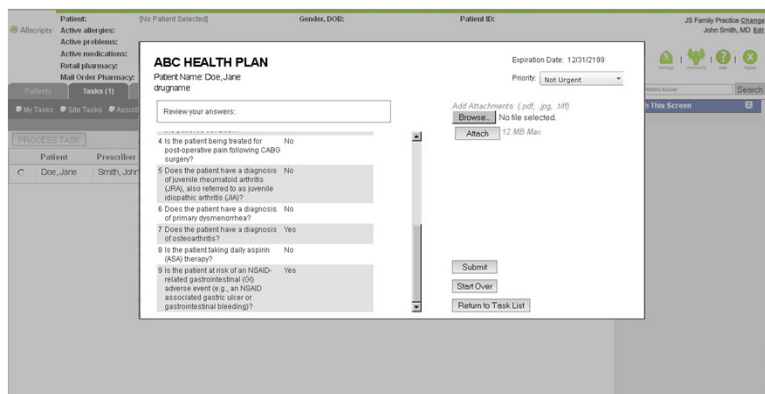
12. Additional questions...reviewed and completed

The screenshot displays the 'ABC HEALTH PLAN' interface. At the top, it shows 'Patient: [No Patient Selected]', 'Gender, DOB', and 'Patient ID:'. On the right, it lists 'Expiration Date: 12/31/2199' and 'Contact: (800) 294-4597'. The main content area contains a question: 'Is the patient at risk of an NSAID-related gastrointestinal (GI) adverse event (e.g., an NSAID associated gastric ulcer or gastrointestinal bleeding)?' with a progress indicator '13 / 13'. Below the question are two radio button options: 'Yes' and 'No'. At the bottom right of the question box are four buttons: 'Next', 'Cancel', 'Start Over', and 'Save & Finish Later'. The left sidebar includes sections for 'Allscripts', 'Active allergies', 'Active problems', 'Active medications', 'Retail pharmacy', and 'Mail Order Pharmacy'. Below these is a 'My Tasks' section with 'Site Tasks' and 'Assist' buttons. A 'PROCESS TASK' table lists 'Patient' and 'Prescriber' as 'Doe, Jane' and 'Smith, John'. The top right corner shows 'JG Family Practice Change John Smith, MD Edit' and a search bar.

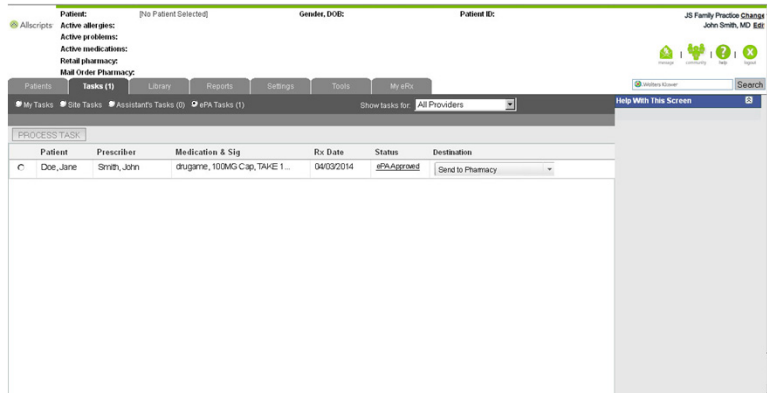
13. Can review answers and attach supporting documents



14. After final review, prescriber submits



15. ePA approved by PBM/Payer and prescription ready to send to the pharmacy

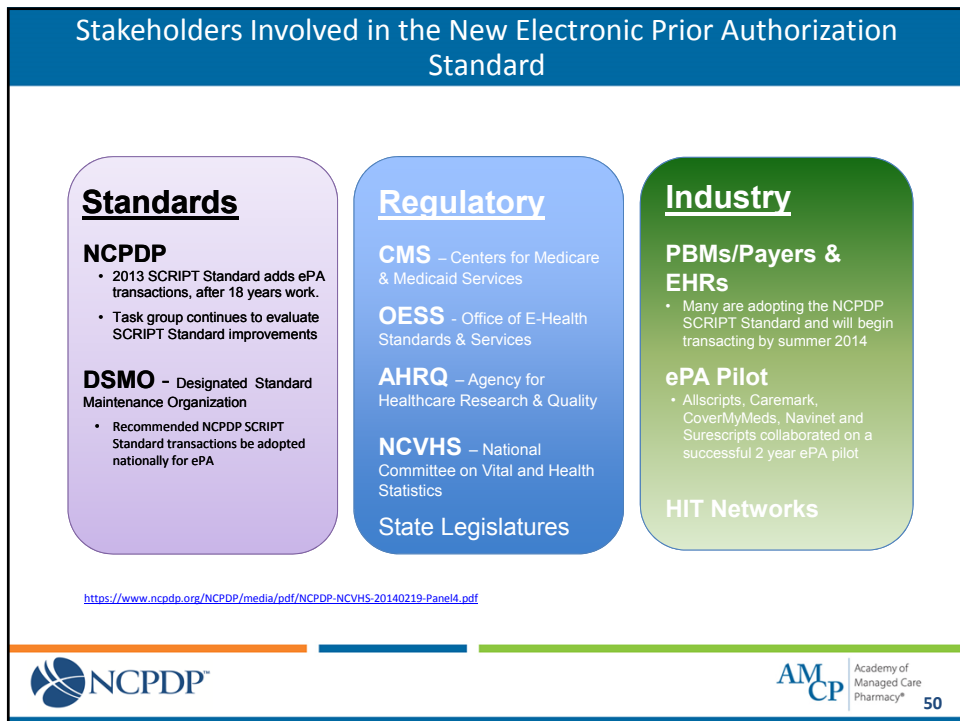
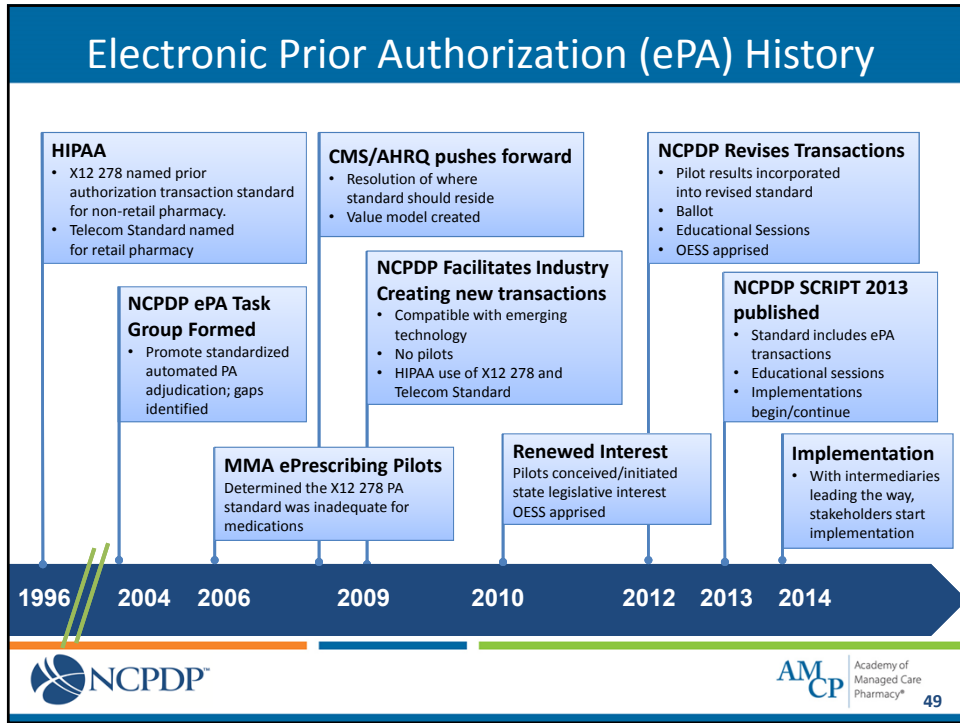


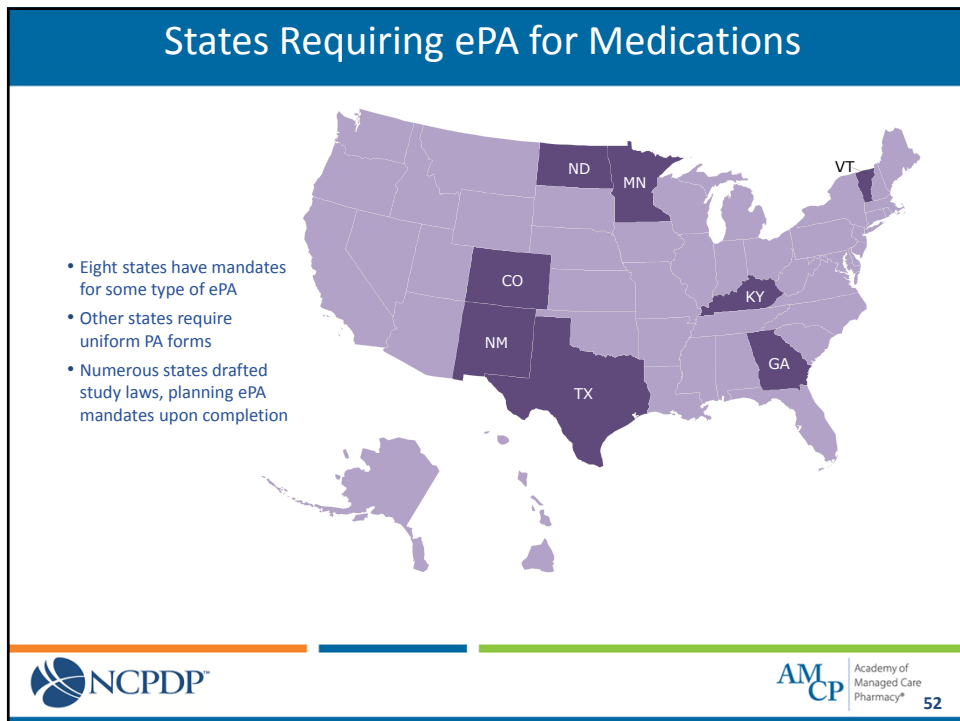
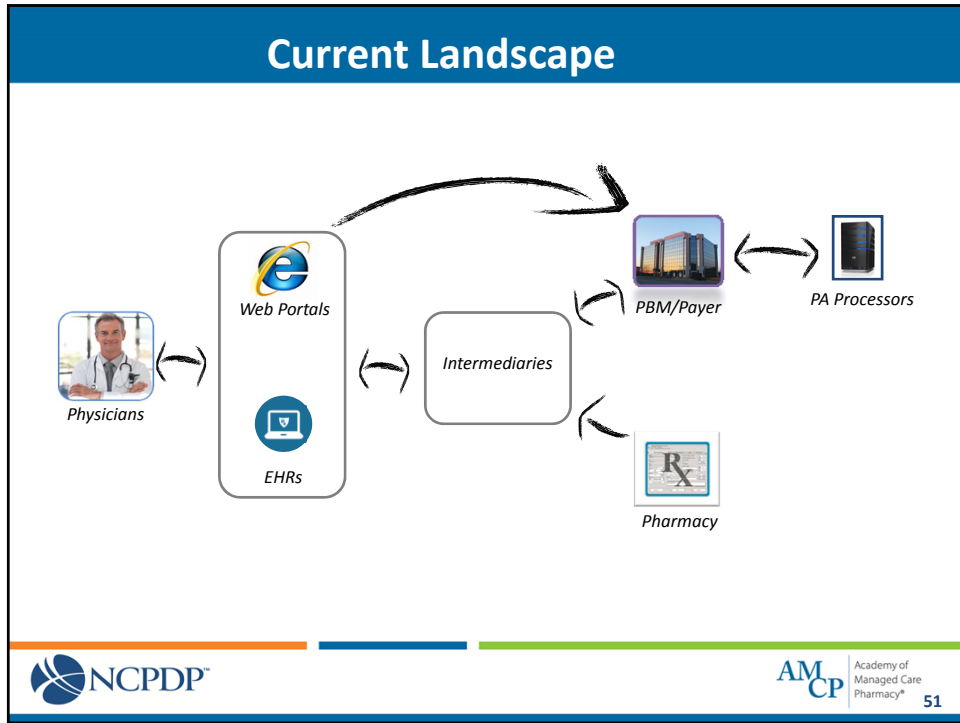
Why Now: The Drivers of Standardized Electronic Prior Authorization (ePA)



Tony Schueth, MS

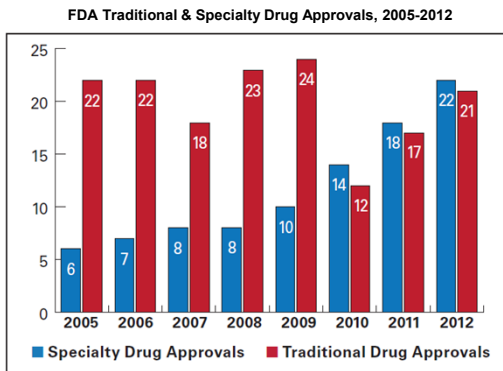






Drug Pipeline: Specialty medications are a growing segment of the nation's drug spend

- More than 50% of the drugs in the pipeline are considered specialty medications, many of which require PA
- Recent studies project that specialty drug spending will increase 67% by 2015 and nearly half of all prescription drug sales will be for specialty medications by 2016



Source: Medical Cost Trend: Behind the Numbers 2014, "PricewaterhouseCoopers Health Research Institute. June 2013. Figure 6.



Specialty Medications Continue to Grow

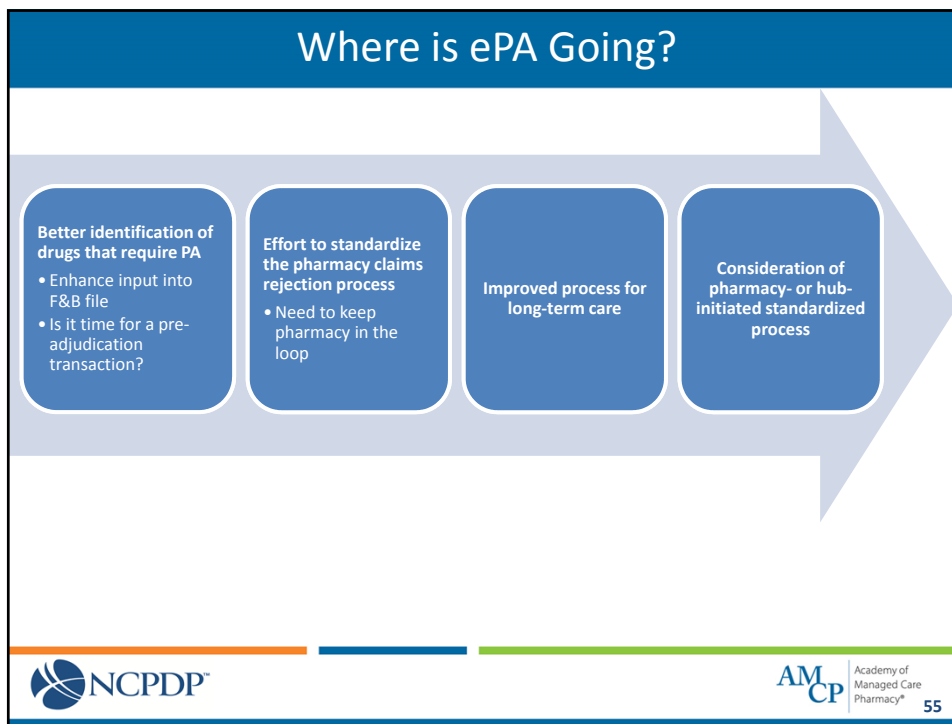
Drivers include:

- Growing elderly population
- Growing population of patients with chronic conditions





Source: Catamaran Drug Trend Report, 2013





What You Can Do To Accelerate ePA Adoption

- Spread awareness about new SCRIPT Standard for electronic prior authorization and its value
- Learn more about ePA
 - www.NCPDP.org
- Prioritize the ePA SCRIPT Standard with your EHR, health plan, PBM or pharmacy information network
- Educate your legislators about this ePA standard and improved care opportunities

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In Conclusion

The time is right for standardized electronic prior authorization

- Standards have been developed and are being implemented
- States have mandated the process
- The drug pipeline is dominated by specialty, 95% of which require PA

Innovative PBMs and Health Plans have built workflow automation solutions

- Transactions standards and intermediaries facilitate interoperability with EHRs, whose role is optimization of the physician workflow

While the “train has left the station,” the industry is at the early stages of ePA evolution

- Some key stakeholders have yet to provide solutions
- Gaps need to be filled and key stakeholder groups need to be factored into standards



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Questions and Answers

Raise your hand to ask verbally

Or, type your question in the 'Questions' area (preferred)

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Mic & Speakers [Settings](#)

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Questions

[Enter a question for staff]

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