

HOW PATIENT BENEFIT DATA ENHANCES E-PRESCRIBING

What makes an optimal prescription? Prescribers today know that they must take into account not only the patient's clinical presentation, but how easily the patient will be able to access and adhere to the medication.

These factors are influenced by the patient's prescription benefit plan, and new technologies are making it easier for healthcare providers to optimize prescriptions based on benefit information within their e-prescribing workflow.

Surescripts Benefit Optimization solutions demonstrate one model for providing access to this data. Available to more than 1.2 million U.S. prescribers, Eligibility & Formulary is used to determine coverage and inform initial drug selection. When a medication search is performed,

the electronic health record (EHR) automatically displays coverage status and indicates which drugs are on formulary and in preferred tiers.¹ Once it's determined that the medication is covered, Real-Time Prescription Benefit completes the picture by adding patient-specific information such as deductible, out-of-pocket cost and therapeutic alternatives into the e-prescribing workflow.

When these insights inform medication decisions, patients, prescribers, pharmacy benefit managers (PBMs) and pharmacies all feel the impact. Recent research illuminates how and where patient benefit data enhances the e-prescribing process.

KEY TAKEAWAYS

- Access to eligibility and formulary data benefits patients, providers and PBMs.
- Healthcare professionals value—and act on—patient benefit insights.
- Accurate benefit data streamlines the whole prescribing process.

ACCESS TO ELIGIBILITY & FORMULARY DATA BENEFITS PATIENTS, PROVIDERS & PBMS

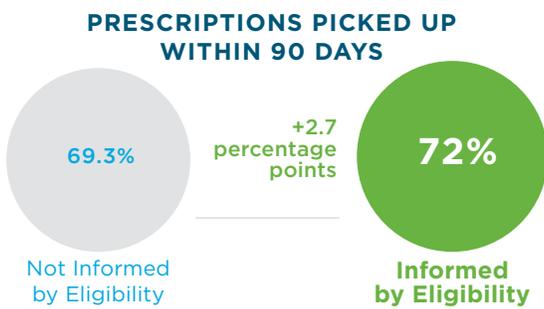
When a prescription is tailored to the patient’s benefit plan, it’s less likely to get stalled by unforeseen obstacles such as high cost or coverage restrictions—which makes adherence easier. Previous research has shown that together, Surescripts E-Prescribing and Eligibility & Formulary increase first-fill medication adherence by 20% compared to paper prescribing.²

New research underlines the impact of eligibility data. Surescripts analyzed all e-prescriptions sent to a large chain pharmacy in November 2019 and assessed whether they had a matching Eligibility response, indicating that an eligibility check was performed.

Based on pharmacy fill data for those prescriptions within 90 days of prescribing, **the pickup rate was 2.7 percentage points higher for prescriptions that were informed by an Eligibility response.**

Surescripts also analyzed more than 300 million e-prescriptions to assess how many were sent to mail-order pharmacies, an option that has been shown to improve medication adherence on its own.³ We found that prescriptions that were based on eligibility information were more often sent to mail-order pharmacies.

In both analyses, the difference was statistically significant.

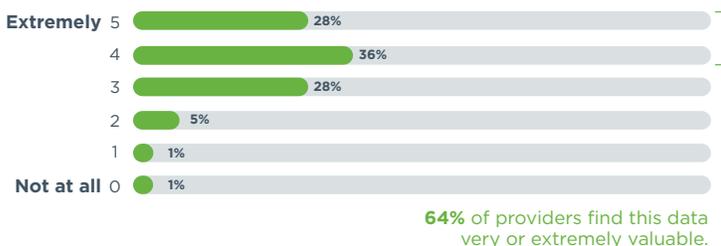


HEALTHCARE PROFESSIONALS VALUE—AND ACT ON—PATIENT BENEFIT INSIGHTS

Providers who have access to eligibility and formulary information tend to use it heavily. In November and December 2019, Surescripts surveyed 300 healthcare professionals involved in patient care or the pharmacy benefits process and found that **90% refer to the patient’s formulary information within the EHR. And nearly all say they value access to group/plan-level prescription benefit information within the e-prescribing workflow.**

It’s even better when prescribers can add patient-specific cost insights to the foundation provided by eligibility and formulary data. A previous survey of primary care physicians found that 59% want to be able to compare the cost of similar medications before prescribing.⁴ When prescribers use Surescripts Real-Time Prescription Benefit to identify lower-cost therapeutic alternatives, they often save significant money for their patients.

HOW VALUABLE IS GROUP/PLAN-LEVEL BENEFIT INFORMATION WITHIN THE PRESCRIBING WORKFLOW?



AVERAGE SAVINGS PER PRESCRIPTION WHEN A LOWER-COST ALTERNATIVE IS CHOSEN⁵

Provider Specialty	Average Savings in 2019
FAMILY PRACTICE	\$56
INTERNAL MEDICINE	\$35
OBSTETRICS & GYNECOLOGY	\$78
PSYCHIATRY	\$89
CARDIOLOGY	\$16

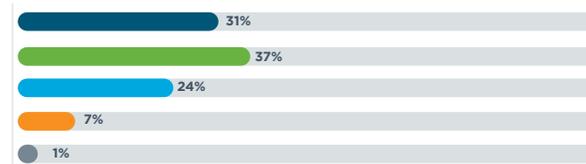
Listed in order of e-prescription volume.

Benefit insights help prescribers optimize their prescriptions in several ways. In our 2019 survey, **83% of respondents said the patient's benefit information influences their prescribing decision**. Large majorities would consider changing a prescription based on coverage, formulary tier or prior authorization requirements.

WOULD YOU SWITCH TO A COMPARABLE DRUG THAT...

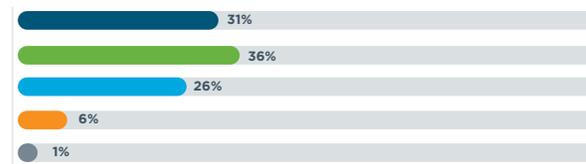
- **Extremely likely**
(>80% of the time)
- **Likely**
(60-80% of the time)
- **Maybe**
(40-59% of the time)
- **Not likely**
(up to 40% of the time)
- **Never**

Is covered by the patient's benefits or in a more preferred tier?



68% are likely or extremely likely to make a change based on coverage or formulary tier.

Does not require prior authorization?



67% are likely or extremely likely to make a change from a drug that requires prior authorization to one that doesn't.

Percent Who Answered Yes

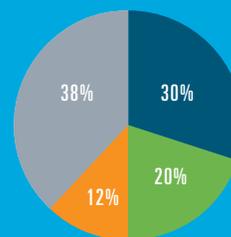
ACCURATE BENEFIT DATA STREAMLINES THE WHOLE PRESCRIBING PROCESS

When eligibility and formulary data is available at the point of care, prescribers and pharmacists both save time and effort. In our 2019 survey, **38% of providers said that access to benefit information while prescribing reduces administrative burden after prescribing, such as pharmacy callbacks.**

Gaining the full benefits of eligibility and formulary requires high data quality. **When there are problems with formulary data, 86% of providers say their job becomes at least moderately more difficult and the patient experience suffers.** For 7%, the impact is severe.

Complete eligibility and formulary information data lays the groundwork for efficient electronic communications at every subsequent step of the prescribing process. For instance, **when one PBM on the Surescripts network increased population of the prior authorization indicator field in its Eligibility responses by 16%, the number of electronic prior authorizations it saw completed each day rose by 40%.⁶** Without this early insight into prior authorization requirements, prescribers would have likely discovered the need for prior authorization only after the fact and outside their e-prescribing workflow.

WHAT'S THE MOST IMPORTANT BENEFIT OF ACCESS TO BENEFIT INFORMATION WHILE PRESCRIBING?



- Improves efficiency during prescribing
- Improves patient satisfaction
- Improves patient care
- Reduces administrative burden after prescribing (e.g. pharmacy callbacks)

OPTIMIZING MORE PRESCRIPTIONS AT THE POINT OF CARE

In 2019, Surescripts transmitted 3 billion Eligibility responses, an increase of 14% in a single year. That growth was driven by an 8% gain in the number of prescribers using Surescripts Eligibility & Formulary—who now number more than 1.2 million—and supported by the Surescripts master patient index. Recent patient-matching algorithm improvements delivered 45 million Eligibility responses in 2019 that would have otherwise gone unanswered.⁷ As of December 2020, more than 400,000 prescribers were using Surescripts Real-Time Prescription Benefit to access patient-specific information such as deductible and out-of-pocket cost in addition to the group-level data supplied by Eligibility & Formulary.⁸

As the healthcare industry works together to ensure all prescribers can base their decisions on accurate eligibility and formulary data, patients and all those who serve them will benefit from faster, safer, more cost-effective care.

ABOUT THE DATA

Surescripts and its research partners collected several kinds of prescription data and survey responses on the value of patient benefit data in 2019.

Researchers obtained one month of new e-prescription data routed to all stores associated with one large pharmacy chain in November 2019. Out of 27.7 million unique NewRx e-prescription transactions, 13.4 million were linked to an Eligibility response and 14.3 million were not linked to an Eligibility response. Pickup status was assessed using pharmacy pickup records at up to 90 days after the prescription was written. Results were statistically significant ($p < 0.0001$).

This study has limitations. While an Eligibility response consistently results in the presentation of Formulary information within the EHR, we cannot be certain that the provider viewed it. Additionally, prescriptions that do not link to eligibilities may be due to a lack of patient insurance, a lack of the patient's plan data in the formulary file within the prescriber's EHR, or a technical issue where an accurate Eligibility response was not included in the new prescription transaction,

even though the prescriber may have seen the Formulary information. It is also possible that there were other differences between groups of patients whose prescriptions were and were not linked to an Eligibility response, such as differences in insurance benefit design or prevalence of cash pay.

Researchers also examined 300.5 million e-prescriptions to determine rates of mail order routing for prescriptions with and without an eligibility pharmacy NCPDP ID listed.

Separately, Surescripts administered an online survey to 300 U.S. healthcare professionals in November and December 2019 about their use of eligibility and formulary information. Respondents included physicians and other prescribers, pharmacy professionals and administrators with a direct role in the pharmacy benefits process.

Recommended citation: Surescripts, "Data Brief: How Patient Benefit Data Enhances E-Prescribing," December 2020, <https://surescripts.com/docs/default-source/intelligence-in-action/data-brief-patient-benefit-data-enhances-prescribing>.

¹ Surescripts internal network data, November 2020.

² Jaime Y. Smith et al., "E-Prescribing With Decision Support Is Associated With Improvements in Medication Adherence," Pharmacy Times, August 17, 2016, https://www.pharmacytimes.com/publications/ajpb/2016/AJPB_JulyAugust2016/eprescribing-with-decision-support-is-associated-with-improvements-in-medication-adherence.

³ Lauren Santye, "The Impact of Mail Order Pharmacies on Medication Adherence," Pharmacy Times, March 7, 2016, <https://www.pharmacytimes.com/news/the-impact-of-mail-order-pharmacies-on-medication-adherence>.

⁴ Surescripts, "Data Brief: Physician Perspectives on Access to Patient Data, April 2018, https://surescripts.com/docs/default-source/intelligence-in-action/1785_databrief_providersurvey_graphics_final3_web.pdf.

⁵ Surescripts, "2019 National Progress Report," April 2020, <https://surescripts.com/news-center/national-progress-report-2019/>.

⁶ Surescripts internal network data, January 2020.

⁷ Caroline Wight, "The Source for Patient Data Prescribers Can't Go Without," Surescripts.com, August 17, 2020, <https://surescripts.com/news-center/intelligence-in-action/interoperability/the-source-for-patient-data-prescribers-cant-go-without/>.

⁸ Surescripts internal network data, September 2020.



Our purpose is to serve the nation with the single most trusted and capable health information network, built to increase patient safety, lower costs and ensure quality care. Since 2001, Surescripts has led the movement to turn data into actionable intelligence and convened the Surescripts Network Alliance™ to enhance prescribing, inform care decisions and advance the healthcare industry.