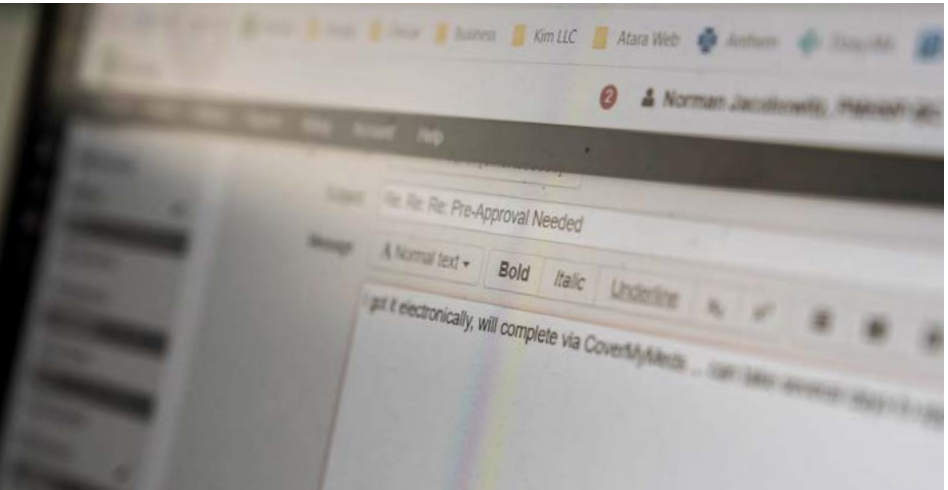

2021 Medication Access Report

Healthcare Technology Edition

covermymeds

Introduction

In this report, we explore common pain points for care team members and technology characteristics that could be a prescription for success — and, ultimately, improved health outcomes.

At its core, healthcare information technology (IT) exists to help care teams most effectively help patients. Care team members, including physicians, nurses, administrative staff and pharmacists, are short on time, bogged down by manual processes and communications. Meanwhile, patients can feel in the dark on their own condition and care plan, including medications.

In an ideal state, healthcare IT unlocks the control panel for patients to co-pilot their journey to medication access, supported through transparent, interoperable solutions and fluid, real-time data flow. With care and patient connections taking place through many modalities on varying platforms, technology must surface accurate information and allow data to flow where it's needed. The industry is working its way to this ideal standard, with some hurdles to overcome in the coming months and years.

About the report

RESEARCH METHODOLOGY

CoverMyMeds conducted surveys of patients, providers and pharmacists over a two-month period during September and October 2020. We surveyed 1,000 patients, 400 providers and 328 pharmacists to achieve a 95 percent confidence interval and a ±5 percent margin of error.

Patient Survey
The patient survey leveraged the network of patientworthy.com to better reach patients with diseases more likely to require specialty medications. Patients represented the general population, including age, race, insurance type and area of living demographics.

Provider Survey
The provider survey leveraged the network of CoverMyMeds, which includes over 750,000 providers.

Pharmacist Survey
The pharmacist survey leveraged a panel of pharmacy professionals as well as CoverMyMeds pharmacy users.

Market Research
CoverMyMeds conducted market research and literature review of reputable sources as well as focus group discussions with patients and industry stakeholders.

ADVISORY BOARD

The Medication Access Report is developed in consultation with an advisory board of healthcare experts representing major organizations across the industry — each with unique perspectives, interests and opinions.

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Diagnosis: Burnout

The buzzword is decades old, but the problem persists: Healthcare providers face burnout at historically higher rates than other professions — nearly double, in some studies.[1] A collective term for feeling exhaustion, dissatisfaction and job hopelessness, burnout is multifactorial, caused by the buildup of many stressors. It's also estimated to cost the U.S. healthcare system $4.6 billion each year due to provider turnover and clinical hours reduction.[2]

"There's only one pharmacist on duty usually, so while we're on hold we also have to manage all the other six phone lines and patients picking up medications, getting vaccinations, counseling questions and whatever else arises ... it's discouraging."

– Gregory Hakala, Pharm.D.

While pharmacists took on more value-added clinical tasks in 2020, the administrative work and phone calls didn't stop. They are one of many care team positions that experience burnout.

Read more at go.covermymeds.com/healthcaretechnology

Burnout and Patient Care

In 2020, studies showed burnout hit historic rates, especially for healthcare workers on the front lines of the COVID-19 pandemic. In one study comparing answers from 2016 to 2020, physicians reported a 14 percent drop in joy in their profession while fears doubled.[3] In a 2020 study, bureaucratic tasks and too many hours at work were the top contributors to feelings of burnout among providers, and nearly half of those surveyed said it had a severe impact on their life.[4]

Nurses and care team staff also reported high levels of burnout. Nurses outnumber physicians four to one and spend at least twice as much time with patients, indicating a more widespread issue, though likely underrepresented.[5,6,7] When it comes to workload, nurses are often carrying the information and data-gathering burden, before and after the point of prescription. Nurses are using multiple online resources to find medication information, most of the time because it's not located in a single, trustworthy source.[8]

Burnout can also impact patient lives. In some cases, physicians with burnout self-reported twice as many medical errors as those without.[9] Medical errors can cost the healthcare system an estimated $20 billion each year, result in unnecessary treatment, missed diagnoses and, in the worst of scenarios, patient mortality.[10]

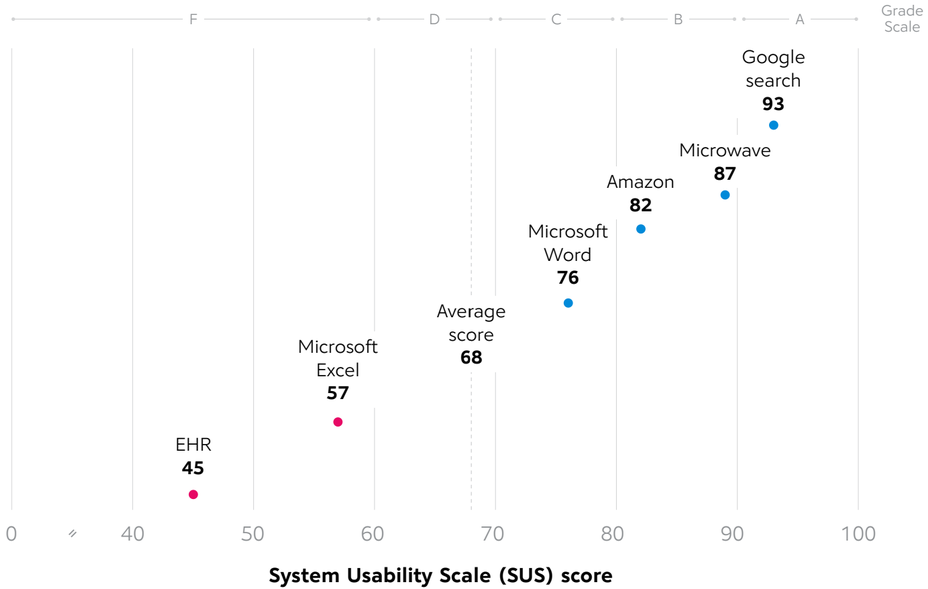
Even solutions built to reduce workflow inefficiencies can contribute to stress through increased data input and what some call "alert fatigue." One-off technology built with a single solve creates a disjointed technology experience. This poor user experience can be disruptive and lead to time away from patients.

Studies have shown healthcare IT usability can have a direct impact on burnout. Usability is a measure of a product's ability to achieve user goals in an efficient, satisfactory manner. When ranked on a standard system usability scale of 0 to 100, each additional point in an EHR's usability was associated with a 3 percent drop in provider burnout odds.[11] While a popular search engine receives an average score of 93 out of 100 on the usability scale, the average EHR score was 46 — 22 percentage points lower than the 68 average score across all industries.[11]

Frustrating technology can interrupt and slow anyone's workday, but when outcomes are at stake and healthcare is already complicated, technology usability is particularly consequential.

Opportunities for healthcare technology to improve usability

Compared against consumer technology, EHRs score drastically lower on system usability scales, which can lead to an increased need for training, user dissatisfaction and burnout. Even small improvements in usability can improve provider burnout, which can ultimately improve patient care.



The Association Between Perceived Electronic Health Record Usability and Professional Burnout Among US Physicians, Melnick et. al., 2019. The System Usability Scale is a 10-question Likert scale used for over 30 years to evaluate various systems against industry standards.

Burnout at the Pharmacy

Pharmacists are also part of the burnout conversation, especially after a year that asked more of the profession than ever before.

For pharmacists, burnout causes look like constant time on the phone and similar technology fatigue, due to drug utilization review (DUR) alerts. DUR alerts can be a helpful way of automatically informing pharmacists of potential adverse reactions and unique use information. But there are often so many alerts, pharmacists may miss the most significant ones after ignoring many irrelevant or outdated alerts. In a DUR study, one in three pharmacists surveyed said they ignored valuable notifications because all alerts appeared too frequently.[12]

Over the past year, pharmacists have become a more integral part of the patient care team, partly because they were the most accessible healthcare provider during lockdowns for many patients and partly due to vaccine administration. In a 2020 patient survey, 51 percent said they relied on their pharmacist more due to the COVID-19 pandemic.[13]

Unfortunately, constant communication and administrative tasks often interrupt ideal pharmacy patient care. Resolving medication affordability issues and retrospective prior authorizations (PA) are also often on pharmacists' backs. In a recent survey, half of pharmacists said they don't have adequate time to complete their jobs safely and effectively, and 38 percent don't feel their work environment allows for safe patient care. This was most commonly due to staffing shortages, a focus on metrics and too many non-clinical duties such as PA request management and phone calls.[14]

Pharmacists and providers have their attention split myriad ways in addition to being spread thin. Patients need their care teams to feel empowered, collected and supported so they can receive the best care possible.

PRESCRIPTION FOR BURNOUT:

Integration

Because burnout is caused by multiple factors, there is no single solution for it. And relief doesn't come in the form of a new, robust solution — these often only add more layers of complexity and confusion to an already overcrowded healthcare IT space. In many cases, care teams have the tools they need to perform their job. They just need them to work harmoniously for the most effective workflows.

Industries such as home automation, inclusive of smart thermostats and door alarms, have created technology superhighways that allow applications built by various developers to connect like interstate on-ramps.

In contrast, healthcare solutions, though themselves often impressive, connect through back and side roads. This is often due to the solution being built to fit the healthcare industry's regulatory requirements, which were put in place to keep patient privacy and high-stakes data safe.

Integrating patient engagement capabilities and processes such as PA and real-time prescription benefit (RTPB) within systems could truly improve patient care. In fact, EHR-integrated electronic PA (ePA) solutions can allow providers to submit ePA requests at the point of prescribing. Patients can access their medications 13.2 days sooner on average compared to pharmacy-started requests that are often more manual and time-consuming for everyone.[15]

The past few years have brought continued innovation and sweeping changes for healthcare IT infrastructure.

Interoperability improvements

The 21st Century Cures Act and the final rules and regulations that followed from both the Centers for Medicare and Medicaid (CMS) and the Office of the National Coordinator (ONC) helped lay the groundwork for interoperability in healthcare IT.

These organizations adopted the standard for healthcare data exchange among technologies, referred to as Fast Healthcare Interoperability Resources (FHIR). This standardization opens healthcare IT innovation by having APIs speak the same language and follow a standard transport system. Interoperable systems can ensure that even when not all resources are centrally located for care team members, they can talk to each other and ensure care teams have transparency throughout the continuum of care.

Interoperable systems digitally and automatically pull forward and use relevant information to reduce the need for users to toggle screens or juggle multiple logins. This also allows new features for solutions like RTPB, ePA and medication information to integrate as they become available, reducing the need for training and keeping regulations on pace with technology.

Without technology integrations, nurses search multiple places for medication information

73%: The information I need is not located in one single source

38%: I want to check for consensus across my sources

28%: I don't have this information in my EHR

12%: I don't know where to go to find the information I need

CoverMyMeds Nurse Survey, 2019

Integration for care teams — far and near

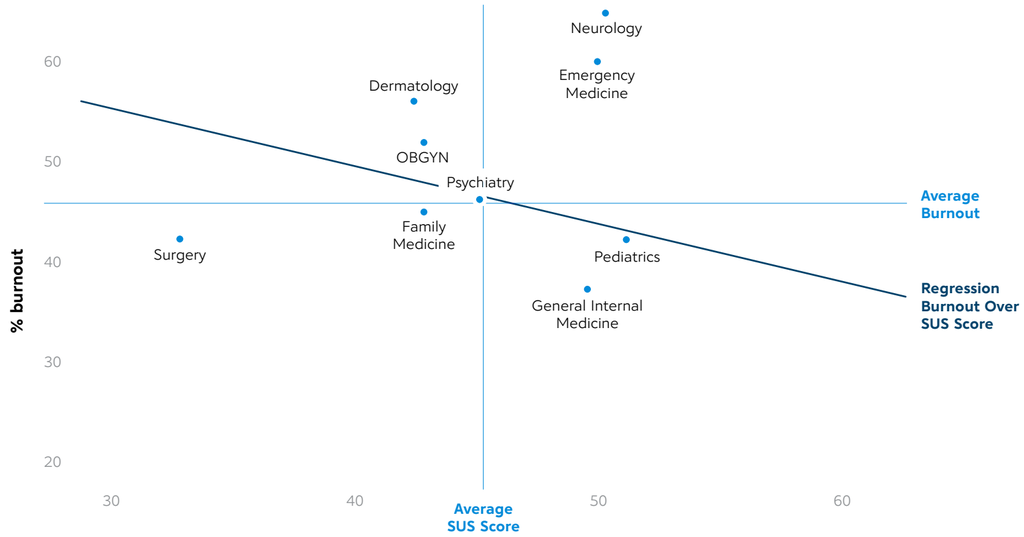
Patients see an average of 18 providers throughout their lives.[16] At some point, they need to share information between and among providers to capture their health history, including what led them to their current point of care.

Adoption and training levels for EHRs and other healthcare technology vary by specialty and health system.[17,18] This can lead to duplicative work and even unnecessary tests and procedures. But the ability to share patient care information among health systems and providers could reduce and prevent this. In a recent study, 81 percent of patients said they supported different healthcare providers sharing their health data among EHR systems.[19] APIs built to FHIR standards can help care teams avoid overwhelming amounts of data by pulling only the information they need instead of an entire record.

Integration among various technologies and even among team members within the same facility could help reduce burnout-contributing frustration. Interoperable electronic tools specialized by position create a delineated, connected workflow and reduce time spent tracking down information such as drugs on formulary, remaining deductible and medication history. For example, while physicians are making the final prescribing decision, nearly two-thirds of nurses said they're influencing the prescription decision multiple times a week.[5] They could avoid searching multiple places for this information — and aggregating it to share with the prescriber and patient — with a workflow inclusive of this information, integrated through direct connections with pharmacy benefit managers (PBMs), pharmacies and biopharma.

Integrated, usable technology can lower burnout odds

In a recent study, each point improvement in usability lowered provider burnout odds by 3 percent. Usability is affected by complexity, function integration and learning curve.



Median System Usability Scale (SUS) score by specialty

The Association Between Perceived Electronic Health Record Usability and Professional Burnout Among US Physicians, Melnick et. al., 2019

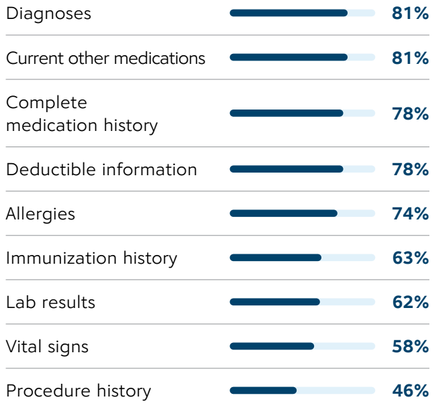
Pharmacy integrations are critical

Eighty percent of pharmacists surveyed said staying within their pharmacy system is important to completing their jobs.[8] Pharmacists are looking for solutions that keep them off the phone and out of manual processes. These solutions surface PA status, insurance rejection support inclusive of next steps when a medication is denied and plan formulary alternatives all in one place.

Supportive technology at the pharmacy includes digital communication with providers and payers within their system, allowing asynchronous messaging and a built-in digital record. By untethering pharmacists from the phone cord, they're more available for high-level patient interactions. Eighty-eight percent of pharmacists surveyed said communication with providers would be a capability in their ideal tool.[20]

Perhaps for the most optimal healthcare ecosystem, pharmacists have integrated access to the same patient health records medical care teams do. When asked about patient information that would exist within their ideal pharmacy tool, 80 percent of pharmacists selected diagnoses, complete medication history and other currently prescribed medications.[20] These capabilities can allow pharmacists to truly cement their role as an active part of the patient care team.

Pharmacists want insight into patient medical history to avoid prescribing and cost issues



CoverMyMeds Pharmacist Survey, 2020

Patients as part of the care team

While patients don't enjoy regurgitating their entire health history to each provider, they do want to take an active role in their own healthcare.[19,20] Patient-inclusive technology can lighten the information-gathering role for care team members along the entire medication access journey.

Nearly all patients surveyed want access to test results and medical history, but the information sharing could go both ways.[19] Many portals and apps now allow patients to input demographic and some family history data electronically, relieving administrative work at check-in. Documenting social determinants of health could help providers when it comes to treating the whole patient, considering lifestyle and affordability factors.

Seventy-five percent of patients indicated they would be comfortable providing their doctor with information such as history of abuse, limited food access or unsuitable living conditions to enter in their electronic record.[19] While this information could be captured during an appointment, time is limited and phrasing can change when entering notes secondhand, which could dilute the potency of the information. Giving patients the ability to enter social determinants of health information, especially before their appointment, on their own time, could help give care teams a better sense of the patient in their own words and improve conversations and outcomes.

Patients Want Data Access and Sharing Capabilities

With the rise in mobile health management apps, most patients surveyed* want access to their various health data. They also indicated a desire for providers to share data with other providers and health systems.

% of Patients Who Want Access	% of Patients Who Want Providers to Share Data	
89%	74%	Laboratory test results
88%	71%	Condition and diagnosis history
87%	78%	Immunizations
87%	78%	Medications and prescription medicines
87%	76%	Vital signs, such as blood pressure
87%	70%	Treatment plans
84%	48%	Insurance billing and claims information
84%	67%	Physician and clinical notes on medical care
74%	52%	Behavioral or mental health history
61%	51%	Substance use history

*PEW HIT National Survey, The Pew Charitable Trusts, 2020

Diagnosis: Distrust in Healthcare IT

Most providers and pharmacists have tools built to suit their profession. But care teams often leave technology to gather dust as they trust man over machine. Both providers and pharmacists may continue using outdated methods such as phone and fax for PA requests or calling healthcare entities for information because it's at least reliable — and they don't have to train to use it.

This lack of trust could limit the information patients can get about medication access and affordability options. While many EHRs contain formulary and benefit information, nearly 80 percent of providers don't always trust it.[22] And when distrust turns to technology abandonment, patients may miss out on key information like formulary alternatives, benefit information, available discount programs and even cash price options that provide a more complete picture of patient-specific prescribing options.

"(Data) is frequently outdated. I don't know how accurate it can be... I don't know where it's coming from."

- Norman Jacobowitz, CNP

Many providers like Jacobowitz fall back on manual processes because the tools they have are outdated, inaccurate or have missing data.

Read more at go.covermymeds.com/healthcaretechnology

Manual methods persist despite technology availability

While provider-reported adoption of ePA technology jumped to nearly universal levels in 2020, 65 percent of providers were still using manual methods to submit some PA requests.[22,23] Only 33 percent of providers relied solely on ePA methods in 2020, which remained relatively unchanged from 2019.[22,23] When asked why they don't use ePA, providers commonly listed difficulty explaining complex situations electronically and lack of information on submission acceptance.[23]

Distrust can carry downstream: 90 percent of pharmacists most often communicate with providers through phone calls and nearly 40 percent still use hard copy faxes — though only 5 percent of pharmacists prefer fax.[20] Only half of pharmacists stay within their pharmacy system to communicate with providers — but most said their ideal system would include this capability.[20]

Pharmacists also said that even when technology is integrated and working as intended, there's often not enough information to be helpful. When asked about the most challenging rejections to solve, pharmacists most often selected drug not covered (PA required, not on formulary), mismatched insurance information and administration rejection (refill too soon, vacation supply).[20]

While getting the answer can be hard enough, even if done within the pharmacy system, resolving the issue to help the patient find a suitable alternative is another hurdle entirely. It's likely why 81 percent of pharmacists listed insurance rejection support as information that would exist in their ideal tool.[20]

Despite nearly universal ePA adoption, providers are still using manual PA submission methods

In a year-over-year comparison of how providers submit PA requests, overall use of electronic methods increased, but many still rely on manual methods for at least a portion of PA requests.

	2019		2020
Both an electronic (CoverMyMeds/ EHR/other website) and a manual (fax/ phone) PA solution	46%	+16%	62%
Manual (fax/phone) PA solution	62%	+3%	65%
Only a manual (fax/phone) solution	15%	-12%	3%
Electronic (CoverMyMeds/EHR/other website) PA solution	80%	+16%	96%
Only an electronic (CoverMyMeds/ EHR/other website) solution	34%	-1%	33%
Other	5%	-2%	3%

CoverMyMeds Provider Survey, 2019; CoverMyMeds Provider Survey, 2020

PRESCRIPTION FOR DISTRUST:

Real-Time Accuracy

Trust is hard to gain and easy to lose. However, accuracy can be a preventative and curative solution in the healthcare technology space, especially when supplemented with transparency and consistency.

A solid data foundation

Similar to the childhood game of telephone, every data transfer comes with the chance of loss or misinterpretation. When health systems and other care settings exchange patient records, up to half may be incorrectly linked.[24]

At the highest level, preserving existing accurate data helps the specialist or urgent care physician understand the patient's unique health history.

Solutions can include artificial intelligence to help identify and match records. Greater patient access to their own records through API-enabled smartphone app integration can also help fill in missing information. At the end of the day, all parties need greater data liquidity and improved transparency, which can start with making RTPB available at multiple points along the patient journey.

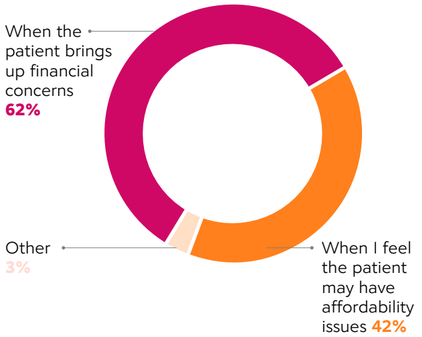
Accurate data from the source

Accurate data comes straight from the source. Direct connections with payers and PBMs through EHRs and pharmacy systems can provide immediate answers at critical points along the patient journey. RTPB solutions help elevate patient conversations among care team members by consistently surfacing patient-specific affordability and access information. This can improve trust in the technology and between patients and providers.

Accurate, reliably surfaced medication cost and coverage information can also help providers get ahead of potential standoffs during appointments where the question of prescription affordability hangs in the air. Over a third of patients said they avoid initiating medication cost discussions with their providers, while more than 60 percent of providers said they wait for the patient to bring up concerns before discussing medication price and affordability.[13,23]

With patient-specific benefit and pricing information available, providers have the information they need to discuss financial concerns with patients — a move that can tip the scales for prescription adherence. In some cases, when providers used an RTPB solution, patients were 19 percent more adherent to picking up their medication.[25]

Technology could help more providers initiate medication affordability conversations



CoverMyMeds Provider Survey, 2020

Releasing the dam of data liquidity

Many solutions are equipped to deploy real-time, accurate data, but sourcing the data can be hard. Legislation at the state level aims to change this, with several active bills that would require commercial PBMs and payers to share patient benefit and eligibility information with providers.

As of July 1, 2021, CMS requires most CMS-regulated payers and PBMs to allow patients easy access to their claims, cost and clinical information through the newest FHIR-based API. CMS-covered patients will also have easy access to provider information, further easing the care coordination flow and enabling patients to more easily find and switch providers when they feel it's necessary.

Starting in 2022, CMS-regulated payers will further open API access to patient-specific data to other payers, so when patients switch coverage, they can do so without fear of losing their medical record or valuable clinical notes.

Whether CMS-regulated or otherwise, payers and PBMs leaning into the industry call for data liquidity could be pacesetters for provider, pharmacist and patient trust.

In a recent survey of physician satisfaction with health plans, respondents gave pharmacy and provider relations the lowest satisfaction scores of all plan characteristics. The potential to improve and influence premier health coverage choices is great for plans who can make data easily available through simple, intuitive interfaces.

Patients and care teams benefit from highly accurate data through a competitive, transparent marketplace. Patients can receive the right care at the right time and providers and pharmacists can trust not only in technology but also in an efficient experience throughout the care continuum.

CMS and ONC Final Rules Focus on Improved Healthcare Data Sharing

Recent federal regulations will allow, and even enforce, wider sharing and access to healthcare data in the coming years for more informed medication decisions.

2021

April 5, 2021

Information Blocking Rules Effective
Developers will be required to be compliant of information blocking rules, communications conditions and maintenance certification and API certification requirement.

July 1, 2021

Enforcement of Patient Access API
CMS-regulated payers will be required to implement and maintain an HL7 FHIR 4.0.1 API where patients can easily access claims and appointment details as well as other clinical information through third-party apps.

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CMS-regulated payers will be required to implement and maintain an HL7 FHIR 4.0.1 API where patients can easily access claims and appointment details as well as other clinical information through third-party apps.

Dec. 15, 2021

Real-World Testing Real-word testing should commence for developers of interoperability technology in appropriate market cases.

2022

Jan. 1, 2022

Payer-to-Payer Data Exchange Implementation
CMS-regulated payers must provide clinical data to patients when requested. This allows patients freedom to move among payers over a lifetime without losing data.

April 1, 2022

Increasing Frequency of Federal and State Data Exchanges
States must send enrollee data for individuals eligible for both Medicare and Medicaid to CMS daily. This ensures services are billed correctly the first time and reduces provider administrative burden.

Dec. 31, 2022

Standardized Patient API Access Developers must provide standardized access to single patient and multiple patient services via an API through FHIR Release 4.0.1 standard and several additional standards and implementation specifications.

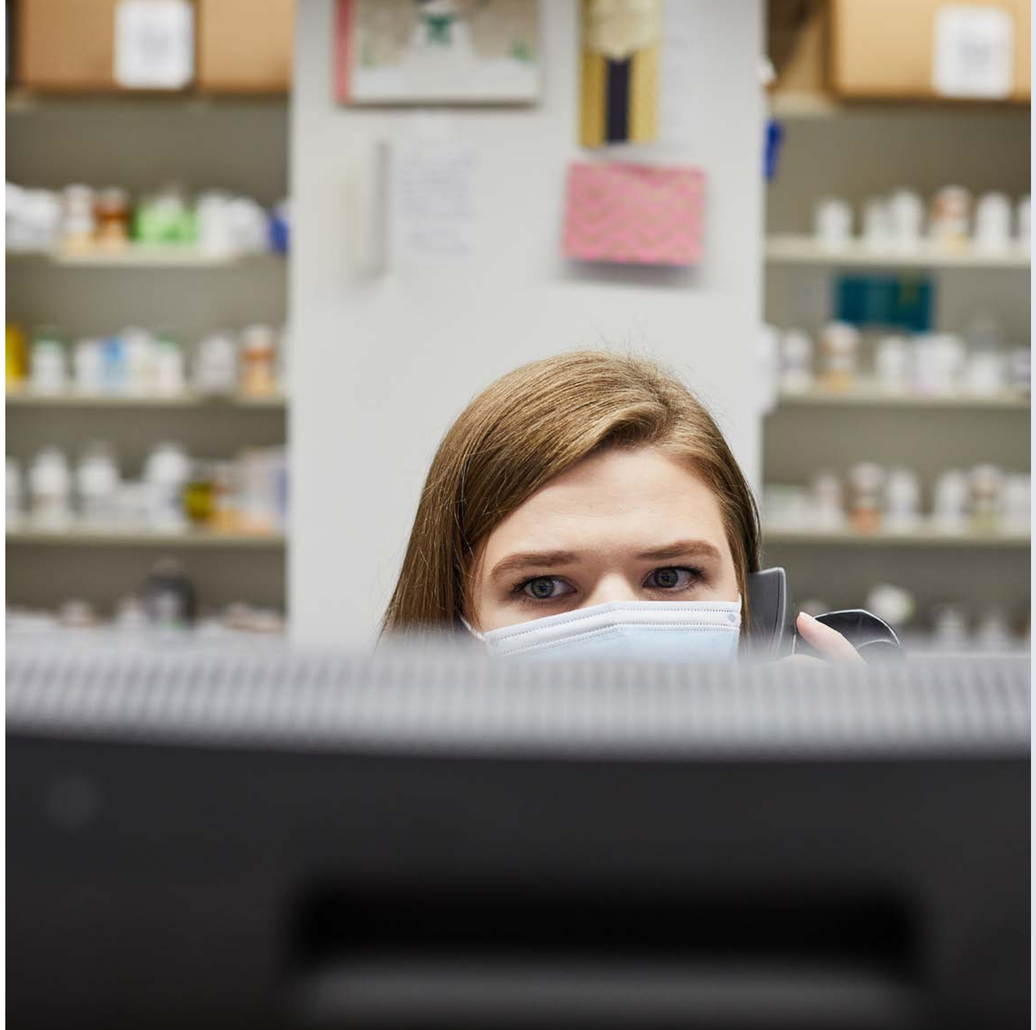
2023

Dec. 31, 2023

EHI Data Export Developers must electronically export all EHI that can be stored at the time of its product certification.

Diagnosis: Limited Time for Patient Interactions

Providers are spending as much time interfacing with EHRs as they are with patients — and sometimes more, including after-hours work.[26,27] This could contribute to why 40 percent of providers felt they didn't have the time needed to discuss medications with their patients.[23] Between providers spending hours on data entry and nurses constantly searching for cost, coverage and medication information, little time is left to connect with patients.



"We have to make technology easy for (healthcare professionals) to use and low effort for them to adopt."

- Jeremy Manchester, Executive Vice President, Liberty Software

By reducing time spent on manual processes like phone and fax, technology can give care teams time back for meaningful conversations with patients about their medications.

Read more at go.covermymeds.com/healthcaretechnology

Limited time for patient interactions

Connection with providers is what patients want, especially during stressful conditions. In a study of advanced cancer patients, 72 percent preferred face-to-face provider communication and perceived their provider as more compassionate and professional in those settings.[28] Even the addition of seconds to patient appointments could make a difference: One study shows 40 seconds of empathetic interaction with providers can reduce anxiety and improve patient outcomes.[29]

But in a separate study, 56 percent of providers said they lacked the time to be empathetic, with nearly one-third citing burnout as the primary detractor from patient empathy.[30]

Patients often find empathy and education in nurses, who, in some instances, account for over 80 percent of care team time spent with patients.[6] The care team is often charged with discussing patient social determinants of health, medication history and educating patients on their condition and treatment plan. Up to a third of their time is spent simply searching — for benefit information, equipment and personnel.[31] This is time spent on non-value-added tasks from a position with great influence to intervene and improve patient outcomes.

On top of this, there's a nurse shortage in the United States.[32] While technology can't directly solve for staffing shortfalls, solutions that surface the right information at the right time could take four hours of information searching out of a 12-hour shift, allowing more time per person spent on productive clinical work with patients.[31] While much of their day is spent on administrative tasks, nurses surveyed found the most satisfaction in patient interactions such as educating patients on their treatment plan and assessing them at appointments.[8] Comparatively, only half found satisfaction in managing PA requests.[8]

Pharmacy positions are also in short supply.[32] In a recent study of over 4,000 pharmacists, 58 percent said inadequate staffing at their pharmacy prevents patients from receiving medications in a timely manner.[14]

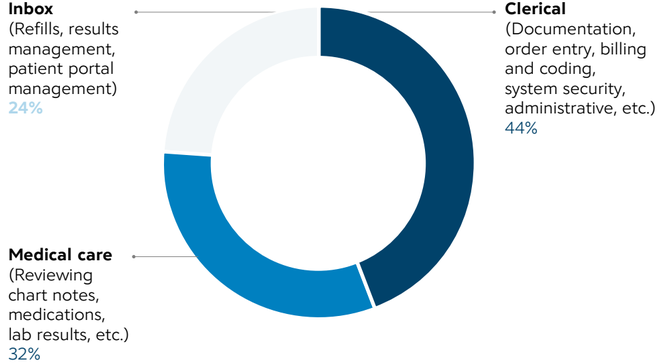
Pharmacists are also farther from patients than they'd prefer to be, glued to the phone and resolving administrative tasks. A 2019 study showed pharmacists spend only 10 percent of their working day with patients, when they'd prefer well over half their day spent with them.[33] While the COVID-19 pandemic likely shifted these percentages due to tens of millions visiting pharmacies for vaccines, patients still needed their prescribed medications and the lights-on work didn't stop.

One in three pharmacists spends one to two hours a day on the phone handling insurance rejections while one in five said they spend a quarter to half their workday doing so.[20]

Patients visit their pharmacy 35 times a year on average, compared to just four visits to their physician, presenting remarkable opportunities to impact patient care and medication adherence.[34]

Most of physician EHR time is spent on non-clinical work

Physicians spend nearly half their day in their EHRs, and most of this time is spent on clerical work that could be automated.



Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations, Arndt et. al., 2017

PRESCRIPTION FOR LIMITED TIME:

Automation

If healthcare technology is working well, care team members will be focused on the task at hand — not the technology. Interoperable, accurate solutions take on the robotic, administrative tasks of patient interactions so physicians, nurses and pharmacists can deliver the humanity patients need. And the more automated these tasks are, the more time available for meaningful interactions.

Nurses are often finding information but have most satisfaction in patient care

Nurses were asked to rank their level of satisfaction with various daily tasks. They ranked tasks involving direct patient care as the most satisfying.

	% Satisfaction
My ability to find the cost of my patient's medication	32%
My ability to find medications covered under the patient's insurance plan	33%
My ability to find financial assistance programs for my patients	54%
Answering patient phone calls	84%
Assessing patients at their appointments	85%
Educating patients on their medication of treatment plan	89%

CoverMyMeds Nurse Survey, 2019

Field auto-population and intelligent solutions

First, automated retrieval of past patient care history can help lay the foundation for patient care and avoid duplicative conversations and notes. Tools that auto-populate necessary forms, such as PA requests and patient support service enrollments save staff time through one-time entry and can help thwart entry and matching errors later.

When it comes to prescribing, with fewer drug representatives in offices since the COVID-19 pandemic, physicians may not know about all the new therapies on the market — or changes to the ones they did know. Biopharma companies can collaborate with technology organizations to deliver brand-specific information for the right patient within a provider's workflow, without taking time away from patients. This also saves care teams time digging for updated drug information or searching for new therapies.

On-demand availability of payer-specific forms is helpful to avoid the drudgework that takes two-thirds of nurses outside of their main workflow.[8] Even better is automated retrieval of patient-specific benefit forms and information, inclusive of remaining deductible, copay amounts and covered alternatives to help inform the prescribing process.

With only 15 percent of providers starting PA requests prospectively at the point of prescribing, automated solutions can help give time back to pharmacists who are often left to manage the PA process.[22]

Despite provider-facing RTPB options, pharmacists are also the care team member most often discussing prescription affordability with patients.[20,23] These can be powerful conversations that surface more than just what a patient can pay for their medications, revealing a more complete picture of the patient as a person.

To carve out time for the conversations, patient-centered technology should keep pharmacists in workflow and automatically surface options such as available copay cards and formulary alternatives, and even cash pay pricing. When conversations with providers are necessary to discuss PA resolution or drug switching, nine in 10 pharmacists would prefer to hold these interactions within their pharmacy system, allowing them time for other tasks while waiting for a reply.[20]

Additional solutions such as automated PA management and status updates can lighten the mental load for care team members, so they have available time for higher-level conversations with patients.

Time-saving patient solutions

While well-intentioned, many patients take time from providers and pharmacists for phone updates on prescription fills or for more information about their appointment. It could be because they have no other option for finding this information. While 78 percent of patients surveyed said they want access to their electronic health records through a portal or app, only 42 percent said they had this access for all their providers.[19]

Others may not know of available tools that can surface this information. In one study, 63 percent of patients who viewed their records were encouraged to do so by their providers.[35] Only 38 percent of patients took the initiative on their own.[35] Care team staff can help increase patient technology adoption through verbal reminders and visual signs during appointments.[35]

Patient-facing solutions could also serve as a secondary source to help improve education and health literacy. Considering semantics and healthcare jargon could impact overall adoption. While patients are now more active participants in their healthcare, research shows they sometimes don't know as much as they think they might about healthcare terms.

Patient-centered technology could improve health literacy

While many Americans surveyed felt they could define common benefit terms, most were overconfident and only 4% could define all four terms.

Health insurance term	Confidence vs. Comprehension
"Copay"	83% | 52%
"Deductible"	74% | 50%
"Out-of-pocket maximum"	67% | 42%
"Coinsurance"	47% | 22%
Overall	68% | 42%

In a recent study, 96 percent of patients overestimated how much they know about benefit terms. When presented with the terms "deductible," "coinsurance," "copay" and "out-of-pocket maximum," only 4 percent could define all four.[36]

Technology competency gave no one an edge: Only 36 percent of millennials could correctly define even one of the terms.[36] Easy-to-understand language and graphics could help improve usability and adoption of patient solutions.

Health Insurance Literacy Survey, PolicyGenius, 2016

Better training for better adoption

In a national survey of physicians, EHR usability was ranked in the bottom 9 percent of all software.[11] Lack of healthcare IT usability can be correlated with higher rates of burnout and higher patient mortality rates.[11] While these systems were originally built for billing processes, they have the potential to hold robust sets of data that could improve health outcomes. EHR integrations such as RTPB, ePA and even programs that surface drug-specific information help create a trusted go-to destination for all care team needs before, during and after prescribing.

Still, even user-friendly systems can be frustrating without proper training, a major predictor of a positive user experience. Physicians who reported poor training were over 3.5 times more likely to also report their EHR doesn't allow them to deliver high-quality care.[17] In fact, users who received less than four hours of training report five times lower experience satisfaction than those receiving four hours of training or more.[17]

Healthcare technology training affords user fluidity, saving time looking for buttons, and can help users personalize their experience by using product features that best suit their position. Prescribers can surface medication updates and even brand-specific information; care team members can check prescription coverage and patient history; and pharmacists can have better insight into patient-specific coverage details and clinical notes.

The next frontier of healthcare technology

As healthcare becomes more personalized by the day, technology holds a supporting role in patient-centered care and prescribing. Advances in open data sharing and intelligent information gathering lead the way for real-world evidence and patient-reported outcomes to help care teams make informed decisions. Technology providing a well-rounded view of all factors affecting patients can help care teams as we move into a more value-based healthcare ecosystem future.

The powerful combination of biopharma and technology holds promise as patients search for functional, understandable treatments — those that can be managed right from their own screens. Not only can patient-facing apps and technology lean into the demand for healthcare consumerism, but also helps educate and bring awareness to patients so they can play a more active role in treatment and preventative care for better outcomes.

Conclusion

The right solution at the right time for the individual patient is important for patient care team members. Technology such as ePA and RTPB integrated within EHRs and pharmacy systems can help take the documenting and searching burden off physicians, care team members and pharmacists so they have energy and time to elevate humanity and specialized expertise for their patients — benevolence unavailable from technology.

Integrated, accurate, automated solutions take on the time-intensive administrative tasks which may increase care team job satisfaction and improve patient access, affordability and adherence outcomes. Patients were 19 percent more adherent to fulfilling their medication when providers used a transparent, accurate RTPB solution to determine the best, patient-specific medication access options.[25] Integrated solutions can help pharmacists stay in workflow while meeting patient needs. Intelligent pharmacy technology can expedite the PA request process and provide real-time updates based on claim information. Pharmacists using these intelligent solutions saw an average 14 percent increase in paid claims, meaning more patients accessed their medications.[25]

Interoperable systems further allow free flow of data through the entire fluid patient journey for improved transparency, no matter if a patient is in the provider's office, their local pharmacy or at home, executing their own role on the care team. Integrated pharmacy solutions allow faster interoperable access to providers, who accessed ePA requests at an 11 percent higher rate than those using standard ePA request submission methods.[25]

Prioritizing the patient in the healthcare IT ecosystem can help develop complementing intelligent technology and human, empathetic expertise. This can be valuable for patients with complex conditions and specialty medications, often requiring extra tasks and time before patients receive therapy. Electronic specialty dashboards and tech-enabled services can quickly help enroll patients into hub and patient assistance programs during an appointment to start therapy sooner while also reducing administrative work for care teams, allowing more time for affordability and adherence conversations. In some cases, these inclusive patient support technologies can reduce time to therapy by 34 percent.[37]

Technology can help care team members build reliable paths to medication access for all patients. Rather than separating patients and their providers and pharmacists through a digital divide, the right solutions can make way for elevated, honest conversations, supported by accurate data. Further development of interoperable technology will continue helping patients access, afford and adhere to medications on their way to healthier lives.

As the specialty patient space develops rapidly, look for the **2021 CoverMyMeds Medication Access Report: Specialty Update** to publish later this year.

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