# HIMSS E-Prescribing Best Practice Survey Results: Electronic Prior Authorizations (ePAs)

## June 15, 2011

In Spring 2011, the HIMSS E-Prescribing Task Force sought input from physicians, clinicians, pharmacists and office staff through two surveys in an effort to understand the current state and use of information technology for Electronic Prior Authorization (ePA) and the Electronic Prescribing of Controlled Substances (EPCS) (covered separately). The intent of each survey was that the results would be used to identify how technology can be best used in a meaningful way for prescribers, pharmacists and the healthcare industry. Questions allowed for more than one answer; as such, the percentages may add up to more than 100%. This was done to gain an appreciation for the magnitude of difference between choices.

Some respondents did not answer all questions, and the results reflect the percent of respondents that provided an answer. The number of non-responders increased as the survey progressed, suggesting the length of the survey was a barrier to full participation. The original survey included a similar set of questions for Prior Authorizations (PAs) that occurred when renewing prescriptions versus new prescriptions. The results were not substantially different and only the renewal process is represented in this summary of the survey results, with commentary.

## Demographics (n)

Figure 1 (below) shows the distribution of the 52 respondents. Most prescribers were evenly distributed across large and small offices, while pharmacist representation was nicely balanced across hospital, chain, and independent pharmacies. Due to the small number of responses regarding rural or urban settings, no conclusions can be drawn. A significant number of respondents neither identified themselves as primarily prescribers or pharmacists, but fell into a broad range of medical office staff or an "Other" category, referred to as **industry experts** throughout.

The Industry Experts ("Other") are comprised of: healthcare IT consultant, insurer, community mental health worker, IT specialist, CMIO/CMO, physician executive, IT vendor, state employee, clinical integration manager, and an Electronic Medical Record (EMR) administrator.
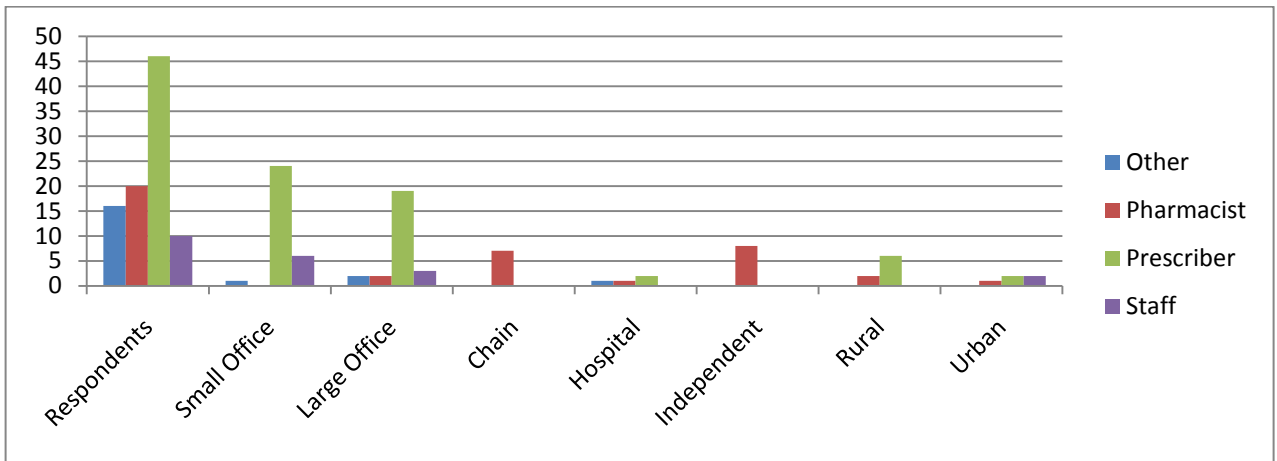
*Figure 1:* Respondent Characteristics

## ePA Renewal Process (%)

Renewing prescriptions can account for as much as 80% of a typical primary care office's prescription workload and the ratio is similar in pharmacies. *Figures 2 through 7* depict responses regarding the way providers are notified, obtain forms for, and complete prior authorizations using current technology, and contrast this with expectations after ePA is available. Respondents could choose more than one answer.
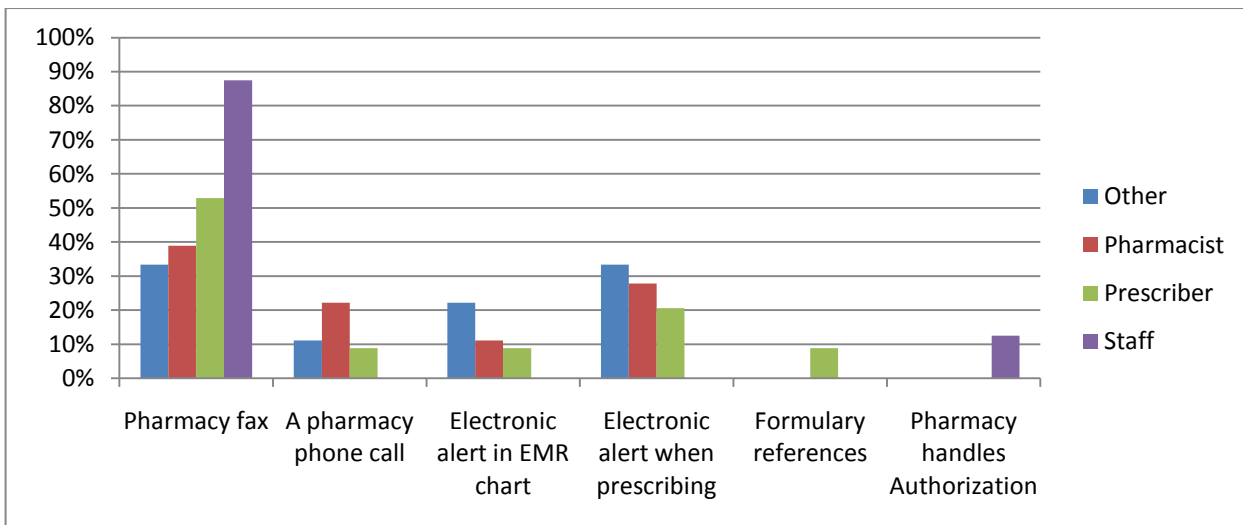
Notification



*Figure 2: With today's current technology,* what method works best to notify a provider of a prior authorization when a prescription needs to be renewed?
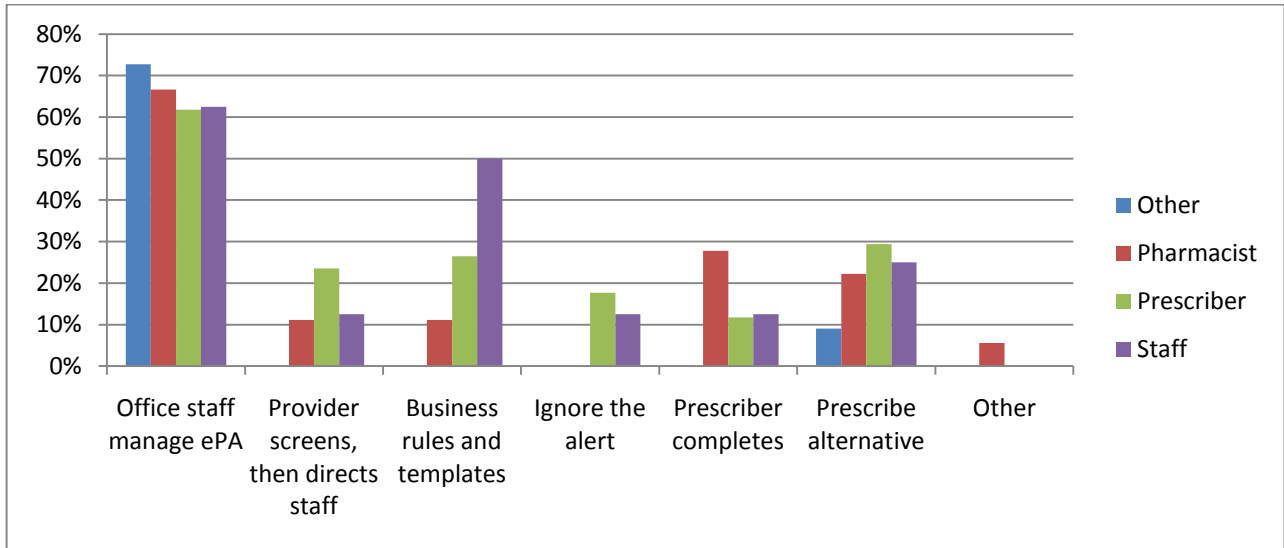
After ePA…



*Figure 3: AFTER ePA*, what is the best method to help a provider identify and respond to a prior authorization?
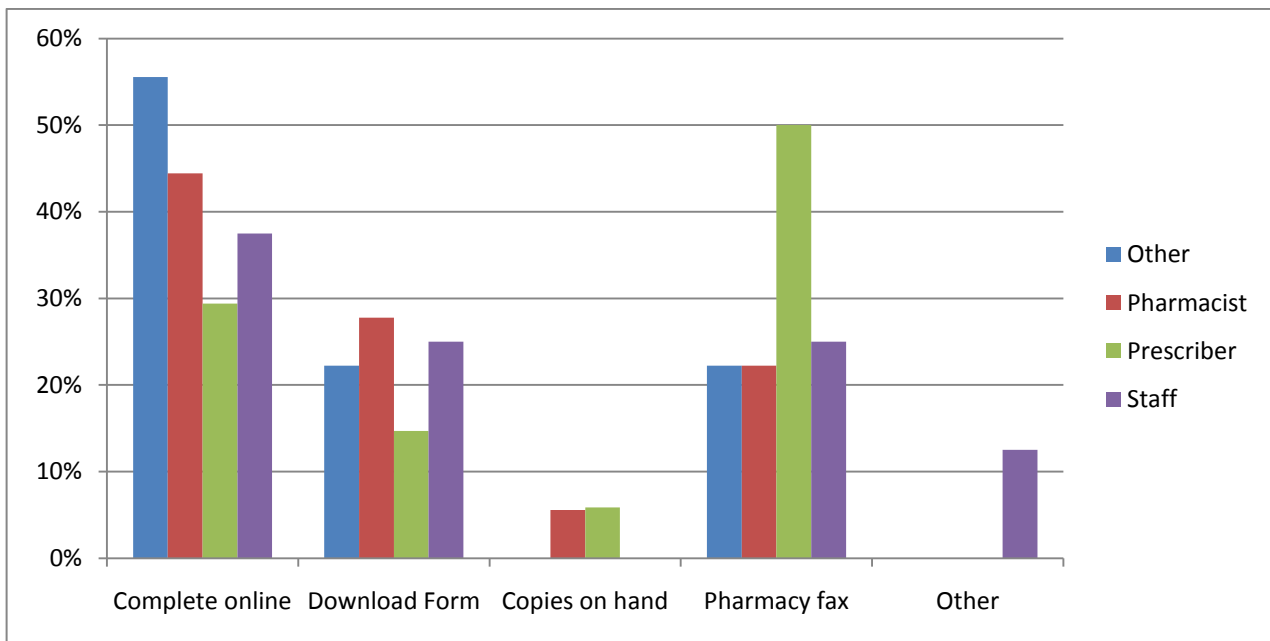
Obtaining Form/Gathering Information



*Figure 4: Using today's current technology*, what method works best to help a provider obtain the form for a prior authorization?
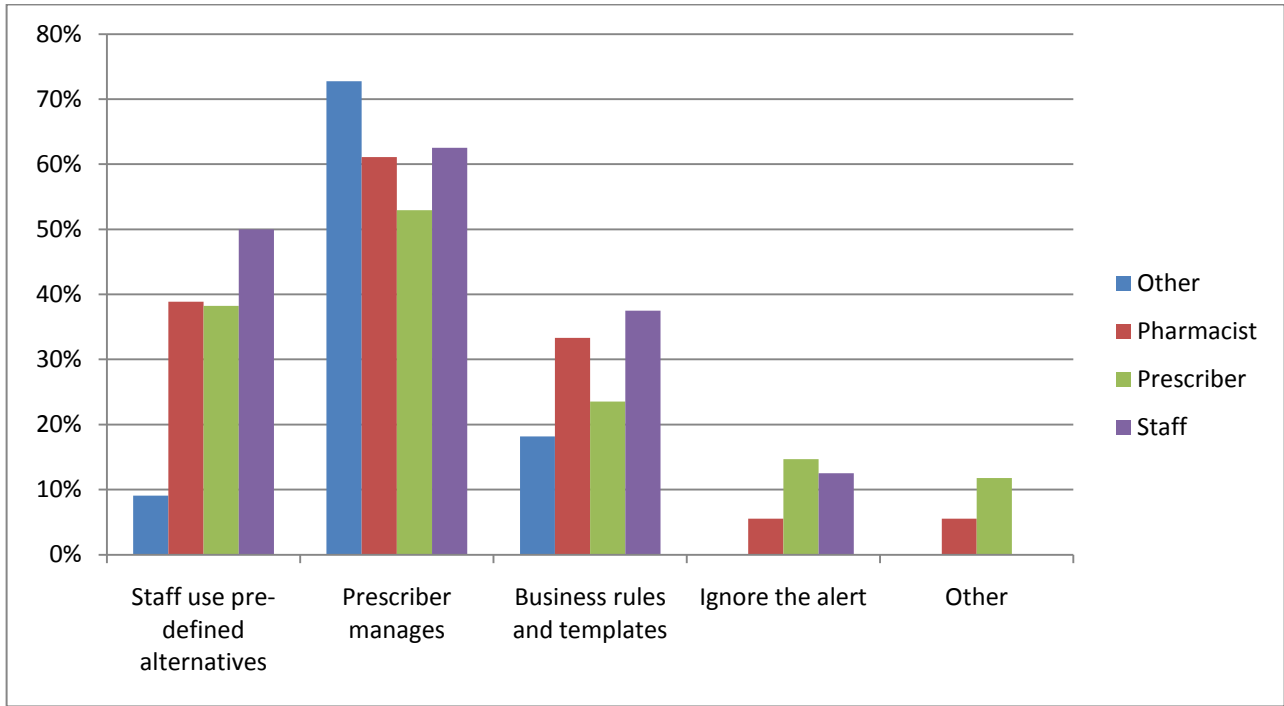
After ePA…



*Figure 5: AFTER ePA,* what is the best way for a provider to accept, deny or document reasons for taking action on the suggestion for an alternative medication?
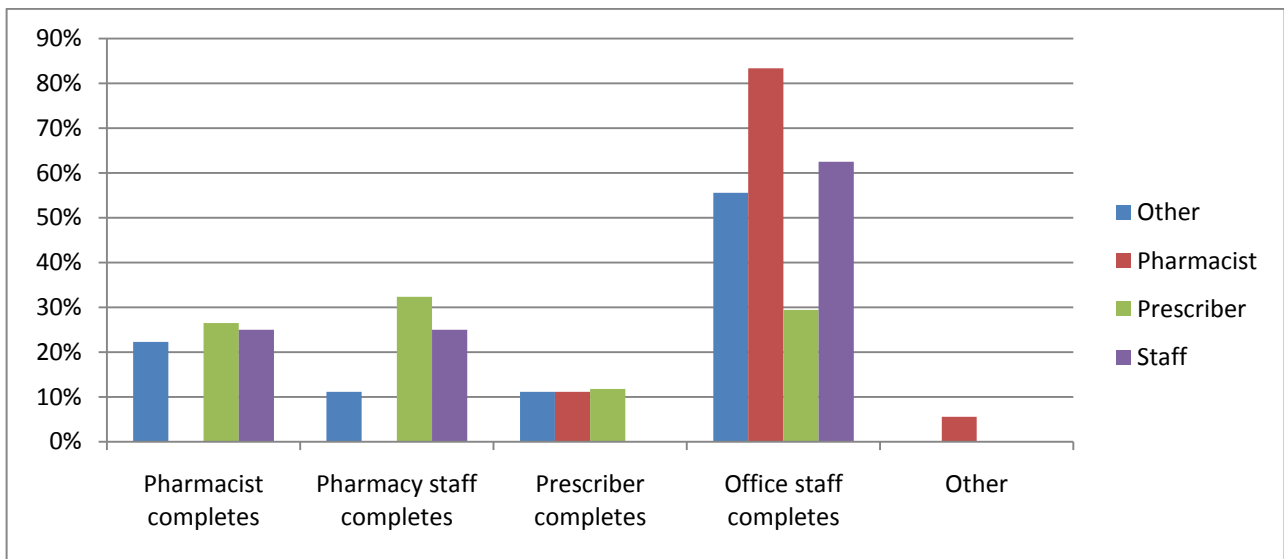
Completing the prior authorization



*Figure 6: Using today's current technology,* what is the best method for completing a prior authorization so the provider can sign off on it?
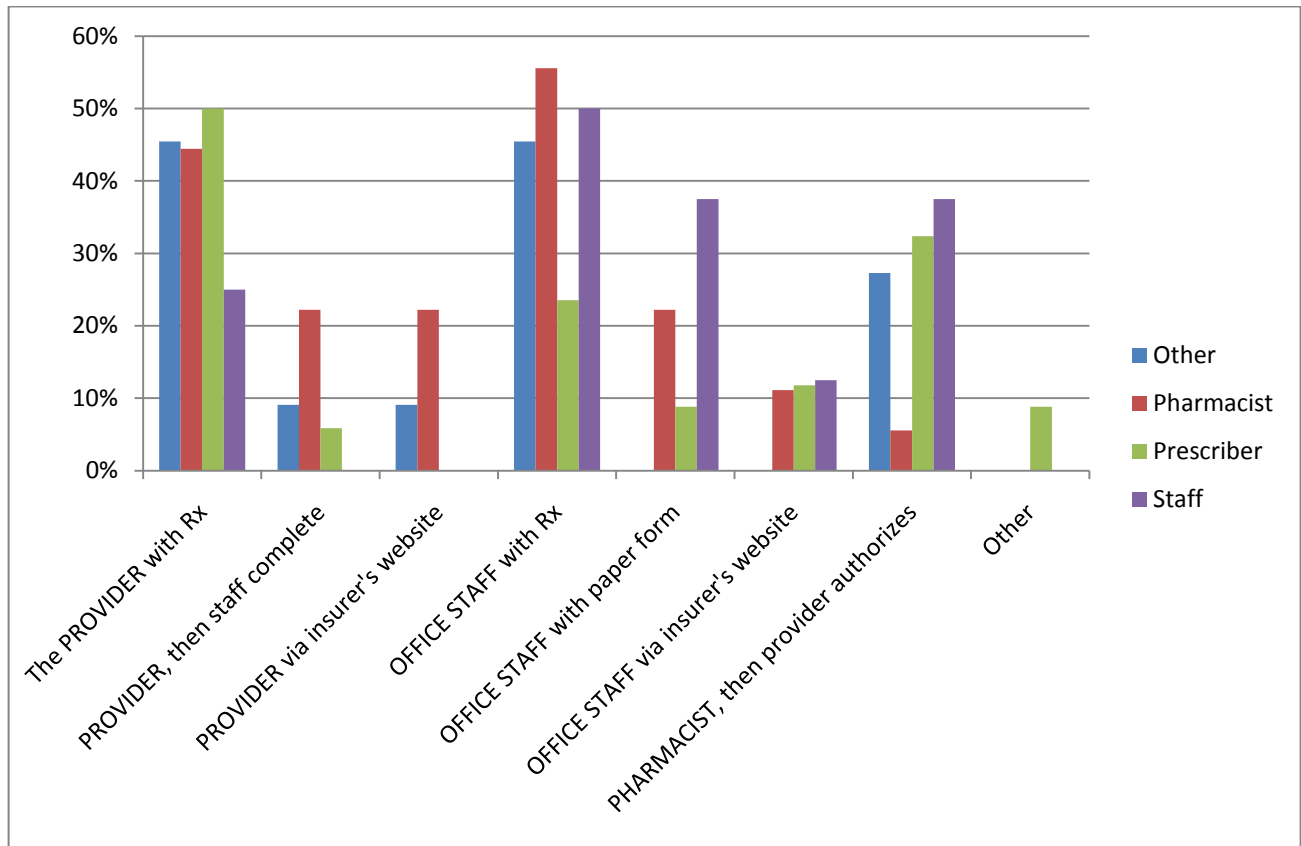
After ePA…



*Figure 7: AFTER ePA,* Who is in the best position to complete prior authorization information?

Notification of PA

Current processes favor a fax from the pharmacy, with a minority using an electronic alert during prescribing. Office staff heavily favors this workflow while prescribers and pharmacists acknowledge the role of electronic alerts with industry experts favoring the electronic notification more than any other group.

After ePA is available, the overwhelming majority feel the office staff will be first responders to the alert, and the office staff favor business rules and templates to help moderate this process. The prescriber minority is indecisive regarding other options, though pharmacists clearly expect prescribers to be primary actors in identifying ePA alerts. Industry experts are nearly unanimous in support of the office staff workflow.

Obtaining Form/Gathering Information

The majority view favors completing ePA forms online, through a website from an insurer or third party. The corollary is downloading a form, which represented a significant minority. The prescriber majority clearly favors receiving information from the pharmacy, in contrast to their office staffs that favor online completion or download.

After ePA, the expectation from all groups is that prescribers will manage the PA. Office staff balance this with a significant minority split across the use of business rules and templates, along with using a predefined set of alternative medications to refer to when encountering a prior authorization.

Completing the Prior Authorization

All groups acknowledge the current role of office staff in completing PA forms, though a minority suggests the role of the pharmacist or pharmacy staff.

After ePA, an interesting split occurs: most respondents feel the office staff will manage the ePA, with a significant minority identifying the prescriber, yet more prescribers expect the pharmacist to complete the ePA than they do their office staff. They are joined by office staff (even greater) and industry experts representing a total of 94% of the responses for this choice, while pharmacist expectation in this role is only 6%. In terms of numbers, 17 out of 18 answers for this option came from non-pharmacists, while one pharmacist felt this could be a future workflow.

Summary and Discussion

The general consensus points to the provider or office staff as custodians of the new ePA processes. Gaps in the responses between disciplines and inconsistency across the workflows suggest a need to clearly define the ePA process once it becomes available. While variations within an environment are to be expected (prescriber vs. office staff), having a widely divergent expectation of the burden of work across environments (pharmacy vs. medical office) is likely to lead to confusion and increase the risk of errors. Harmonization of expectations across professionals and patients is needed to mitigate this risk.

## ePA Documentation (%)

Prior authorizations often carry with them an additional burden of documentation required by insurers. In the following figures, respondents give their expectations regarding the way documentation of prior authorizations will change after ePA is available. Respondents could choose more than one answer.
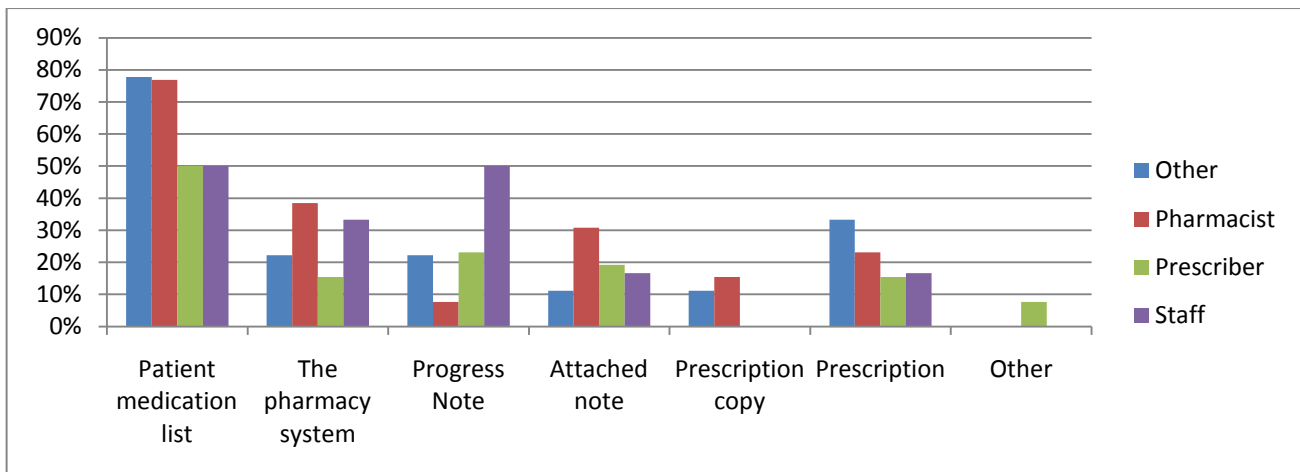


Figure 8: Where is the best place to document information regarding a prior authorization?
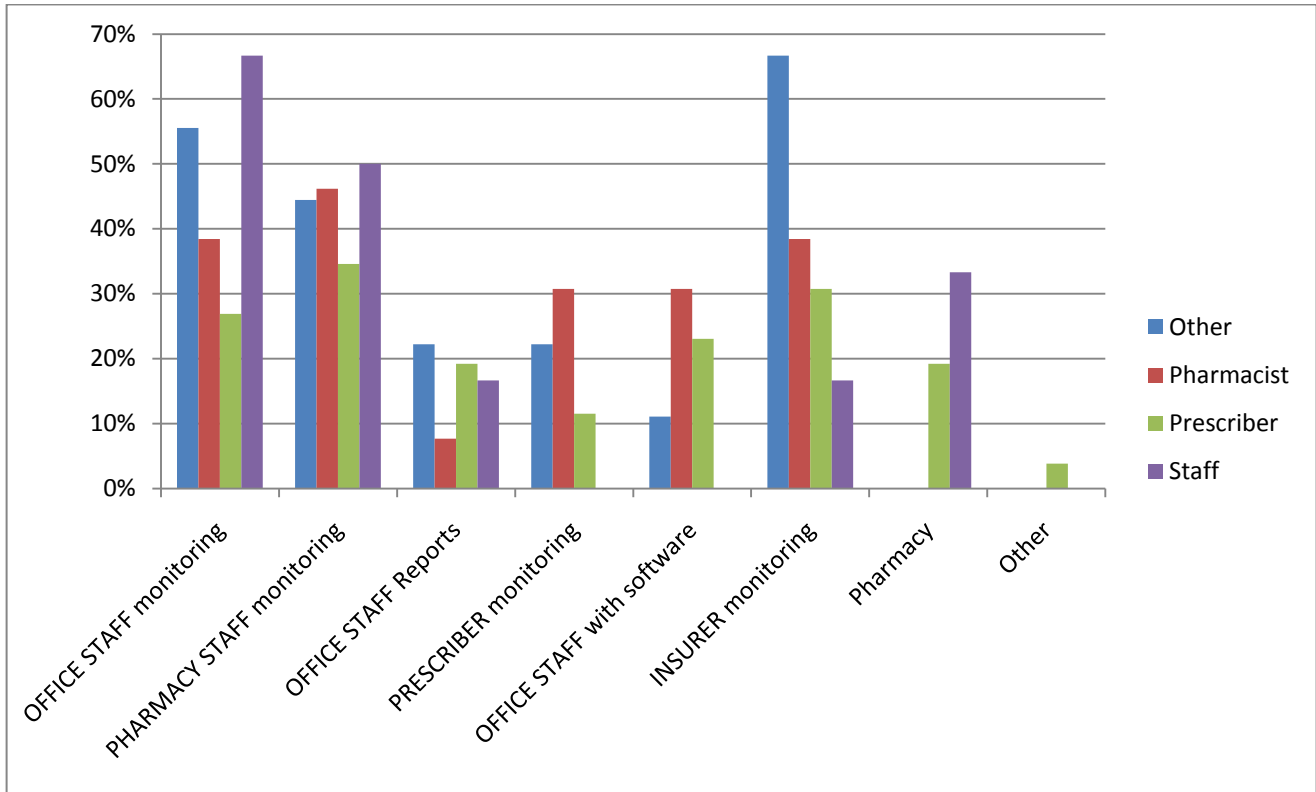
After ePA…



Figure 9: AFTER ePA, what is the best way to manage responses to previously submitted prior authorizations?
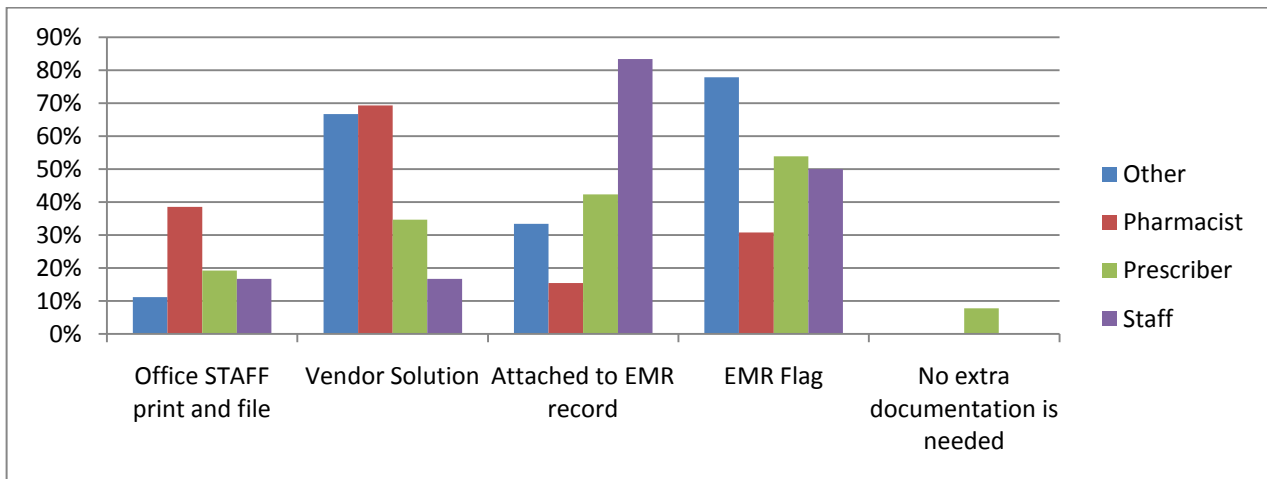


Figure 10: AFTER ePA, what is the best way to manage the documentation for previously submitted prior authorizations?

The majority of respondents agreed the patient medication list is the preferred repository for documentation pertaining to prior authorizations. After ePA, the expectations became more variable. Industry experts clearly expect the insurer to take on a significant responsibility, while office staff feels they will be the caretakers, Pharmacists and prescribers feel the pharmacy staff will track responses.

The results are even more disparate when looking at the documentation of the process (as opposed to monitoring responses from the insurer). Pharmacists and industry experts are looking to the software vendors

to include this functionality, while prescribers and their staff expect the EMR documentation abilities to be sufficient. Industry experts eschew a simple attachment to the EMR record in favor of a more visible alert and link to the presence of ePA material. A significant number of pharmacists expect the medical office to print and file paper records, while the office and experts are much less inclined to expect this workflow.

In summary, a variety of stakeholders feel they will have a significant role and ownership in the documentation process. An appreciation of expected workflows across disciplines is clearly divergent and in need of harmonization (e.g. almost 40% of pharmacists expect a paper process for documentation while the minority expects it to be attached to an EMR record). Attention to all stakeholders in the prior authorization process is needed during implementation.

## ePA Barriers (%)

Prescribers and pharmacists make a conscious choice to use ePA technology and cross the horizon from simply acquiring the technology (when it becomes available) to using it effectively. *Figure 11* depicts expected barriers to ePA adoption across the respondents. Respondents could choose more than one answer.
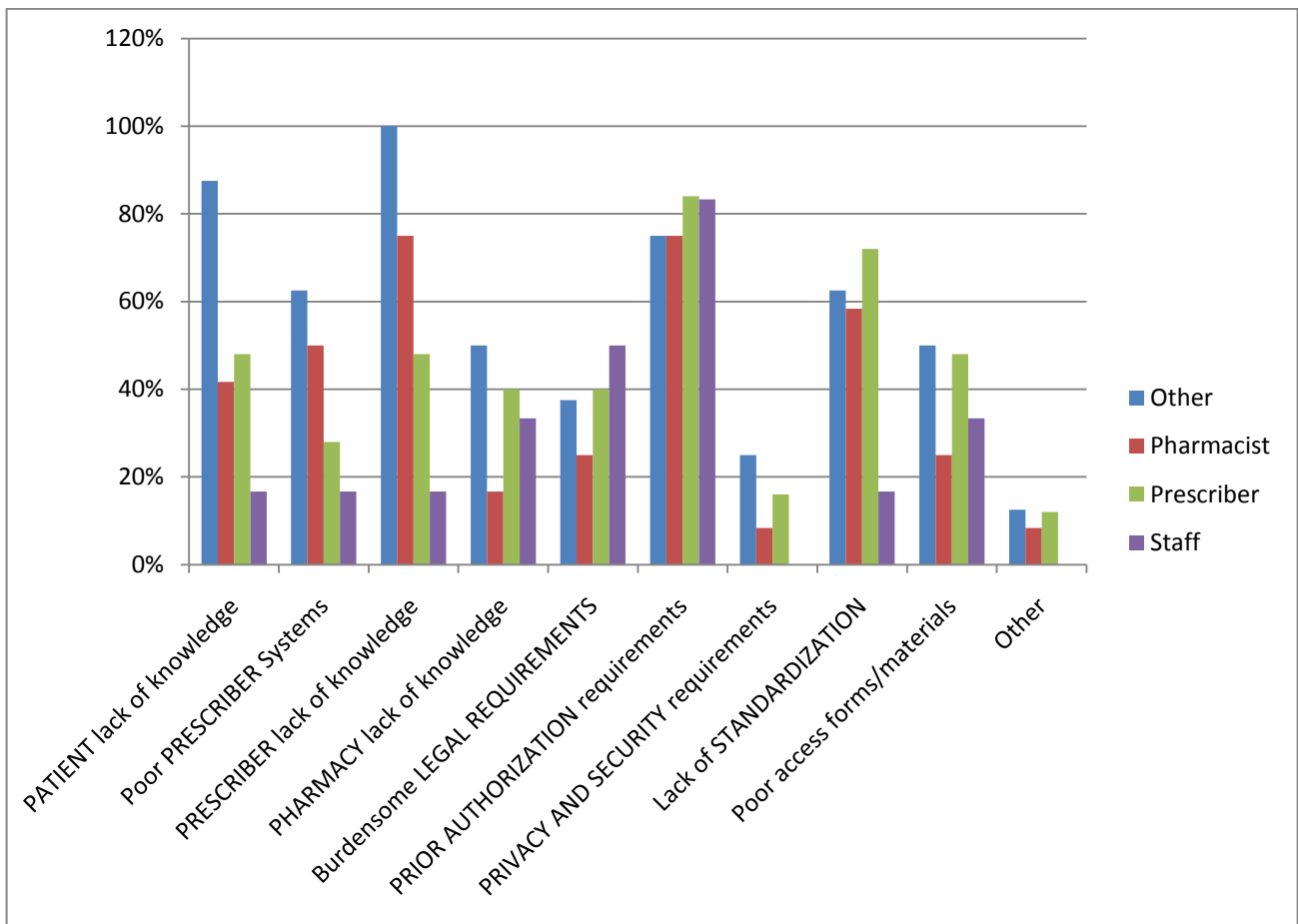


*Figure 11:* What are the current barriers that prevent realization of the best workflow possible with respect to prior authorizations.

Industry experts place the greatest emphasis (unanimous!) on prescriber lack of knowledge, followed by patient knowledge and PA requirements. In contrast, Prescribers cite the PA requirements as the primary

barrier followed by lack of standardization and poor access to forms and materials. Pharmacists agree with both industry experts and prescribers, giving equal weight to PA requirements and prescriber's knowledge, along with lack of standardization. Office staff agrees with their prescribers regarding the PA requirements, giving this response the overall majority.

In summary, differing perceptions of the barriers exist across stakeholders with a few points where general agreement can be reached. Pharmacists may need to increase self awareness regarding their own lack of knowledge as the other three stakeholders feel it is a significantly greater barrier than do pharmacists themselves. In contrast, nearly half of the prescriber respondents admit (and in agreement with industry experts and pharmacists) that prescriber (and staff) lack of knowledge is a barrier.

Work to introduce standardization may address two of the major barriers with a single action, as standardization may make the PA process simpler and less cumbersome. Patients' need for education should not be overlooked during an implementation process.

## EPCS Education (%)

Changes to the workflows and tools involve education of staff and patients on new expectations. *Figures 12 and 13* depict the expected burden of responsibility for educating patients and staff across the respondents. Respondents could choose more than one answer.
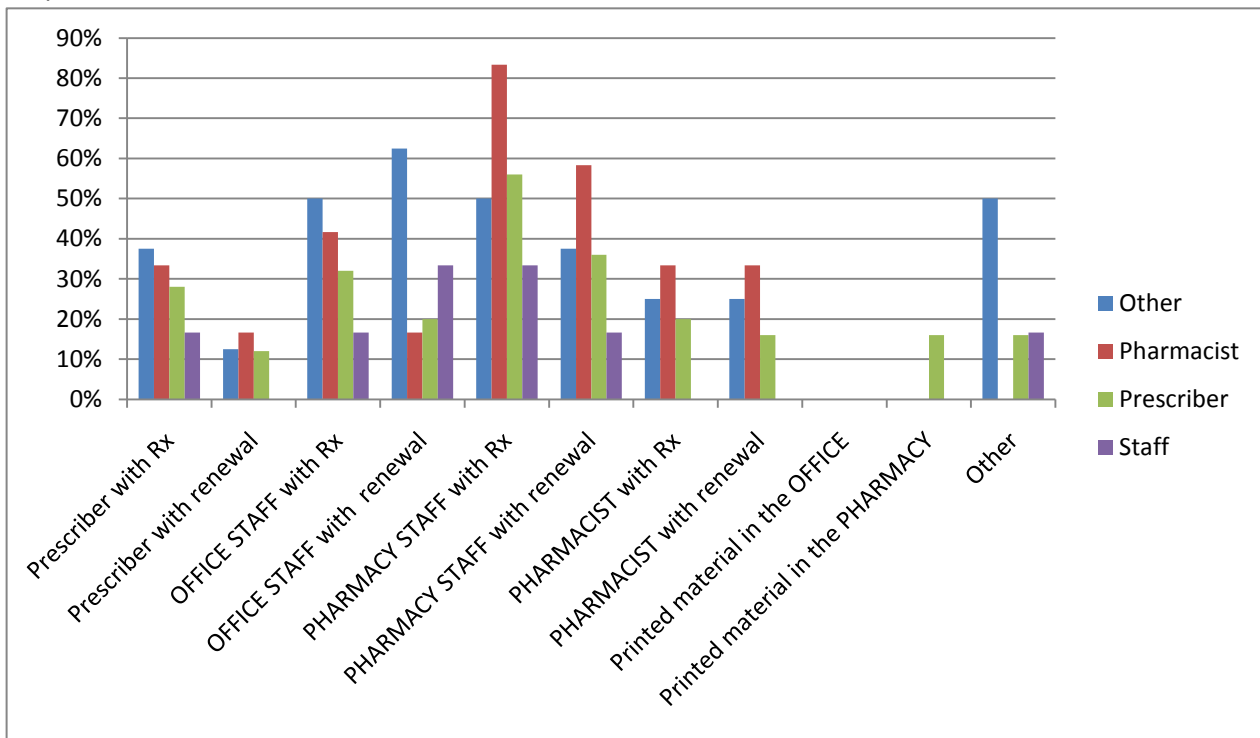


*Figure 12:* Using today's current technology, who is in the best position to teach patients how to manage their prescriptions that require a prior authorization, and when?
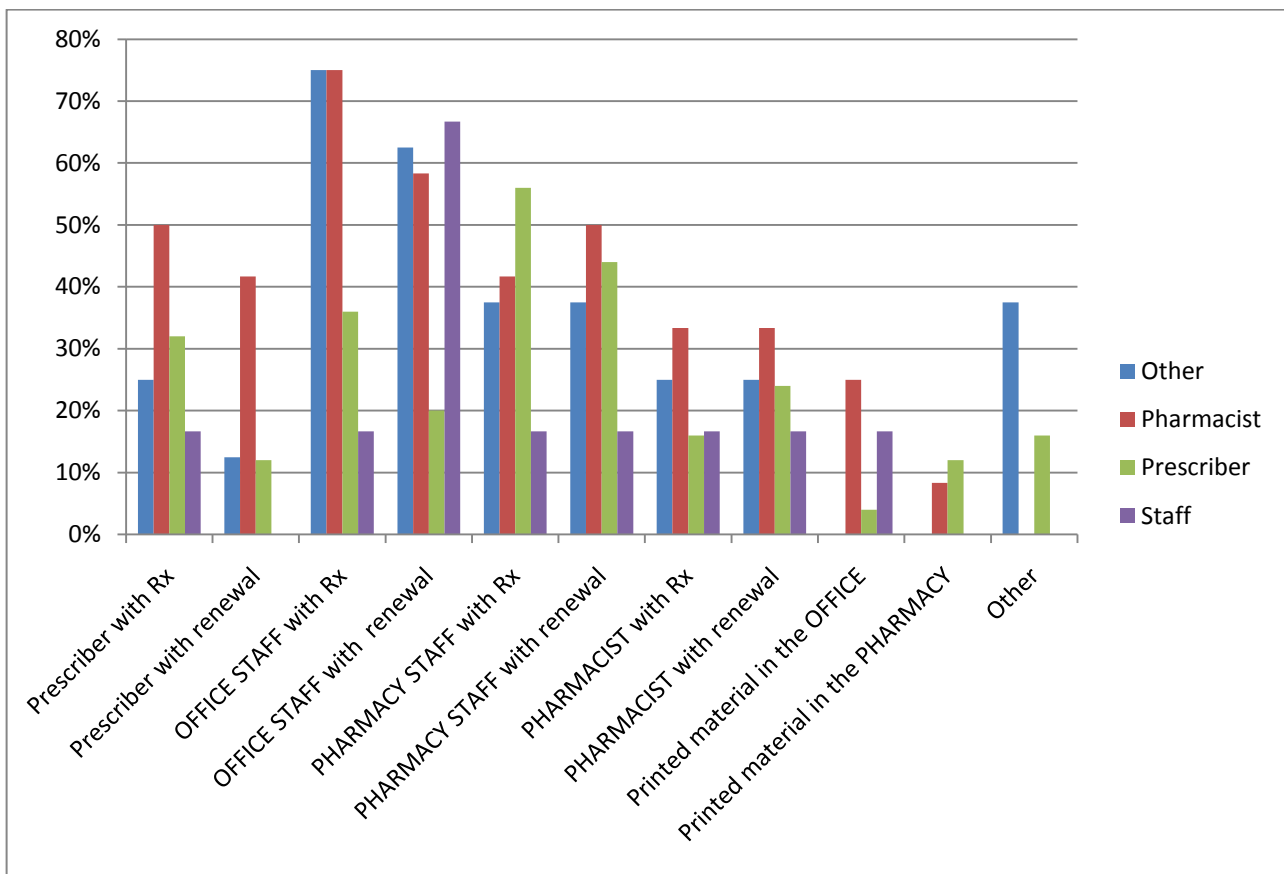
*Figure 13:* AFTER ePA, who is in the best position to teach patients how to manage their prescriptions that require a prior authorization?

There is general agreement that pharmacies provide the majority of education with patients on new prescriptions and renewal requests – drowning out industry experts, who favor the medical office as the locus of patient education. After ePA, the picture is less clear, with a marked shift from the pharmacy environment to the medical office. Office staff fully expects to educate patients with prescription renewals but does not share the same view with respect to new prescriptions. At the same time, prescribers shift their expectation to the pharmacists as having a larger role. Pharmacists and staff gained the expectation of printed material in the medical office for patients in contrast to no material prior to ePA. Nearly half of the pharmacists expect providers to be directly involved with patient education on new prescriptions and renewals, while the same expectation from prescribers, staff, and industry experts is substantially less.

In summary, diverging expectations across the stakeholders may lead to an increase in patient errors or delays in therapy, and may best be addressed during implementation. Harmonization of expectations is needed across all stakeholders.

## Discussion

The survey results inform decision makers involved in the roll out of the ePA technology and provide insight into perspectives held by various stakeholders and users that will ultimately determine the success of ePA adoption and deployment. E-Prescribing continues to present clinicians with a new set of challenges and unintended consequences, many of which may find their origin in the disparity of views brought to light by this

survey. Pharmacists and prescribers practice in very different arenas, yet their smooth interaction is necessary if operational efficiency and patient safety are to be improved.

Limitations of the survey include small sample size, ambiguous questions, misunderstood questions, and non-response to questions. Selection bias may be present as the majority of respondents were approached through HIMSS, representing a group with more than a little interest in health information systems. The amount of bias would appear to be small since the industry experts act as a built in control group, many representing active HIMSS members, yet their responses did not mirror those of the pharmacists, prescribers, or office staff.

The survey results also serve as an excellent resource for implementers of ePA to draw on. For example, the short-term effect of ePA will likely shunt the majority of patient education to the medical office for at least two reasons: detection of PA events will occur in proximity to the patient visit, and the patient will be available for consultation regarding decisions as to whether to proceed with the suggested PA therapy. Prescriber expectations place the burden of education largely within the pharmacy, and this difference in expectation may need to be addressed during implementation to assure the smoothest transition to this new technology.

## Conclusion

ePA is an exciting advancement on the e-prescribing platform, but mixed expectations among the end users may make for a rocky start. More research and study into the interaction between pharmacy and provider workflows is needed.

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