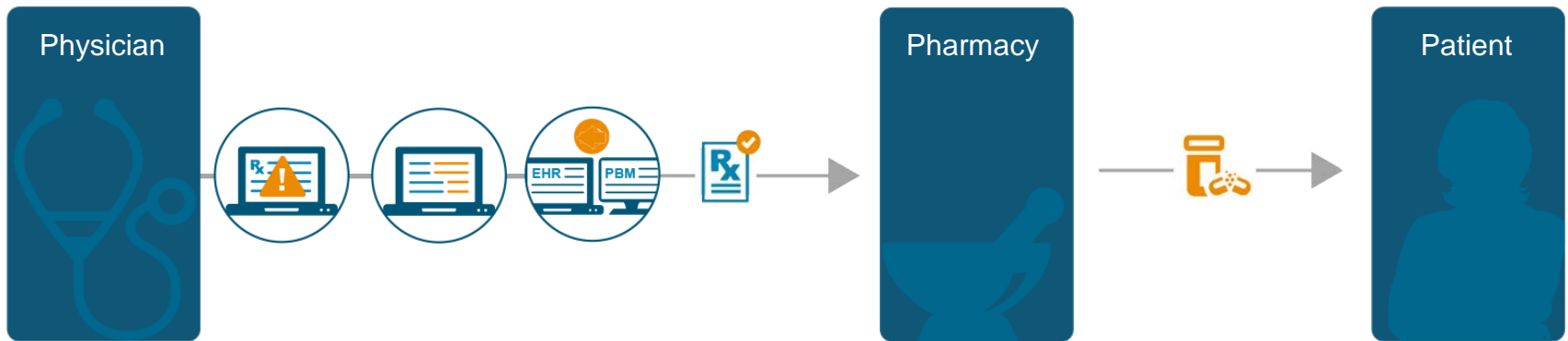


Prospective Electronic Prior Authorization Update

Gloria Sachdev
Employers' Forum of Indiana
July 13, 2016

What is Prospective Electronic Prior Authorization?





We Aim to Drive Prospective ePA because the Traditional Prior Authorization Process is Costly and Inefficient

Physicians	PBMs	Pharmacies	Patients
\$2k-14k Per physician each year ¹	\$85 million Annual spending on PA per PBM	\$11,440 Cost per pharmacist per year of processing PAs ⁵	20-30% Of patients never get their prescription ⁷
Spend more time dealing with PA than any other interaction ¹	Process causes physician abrasion, and patient complaints ⁴		
8 hours Per physician each week ¹	90% Of requests require phone or fax ²	4 hours Per pharmacist per week spent on PAs ²	2 days (up to weeks) Waiting time for 2/3 of patients when a PA is required ⁶

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.

2. Managed Healthcare Executive, 2009, *Manage Medical Advances with Automated Prior Authorization*, D. Moeller

3. American Journal of Managed Care, *A Physician-Friendly Alternative to Prior Authorization for Prescription Drugs*, Published Online, Dec. 2009 (for Top 5 PBMs, estimating 17million PAs at \$25/PA.

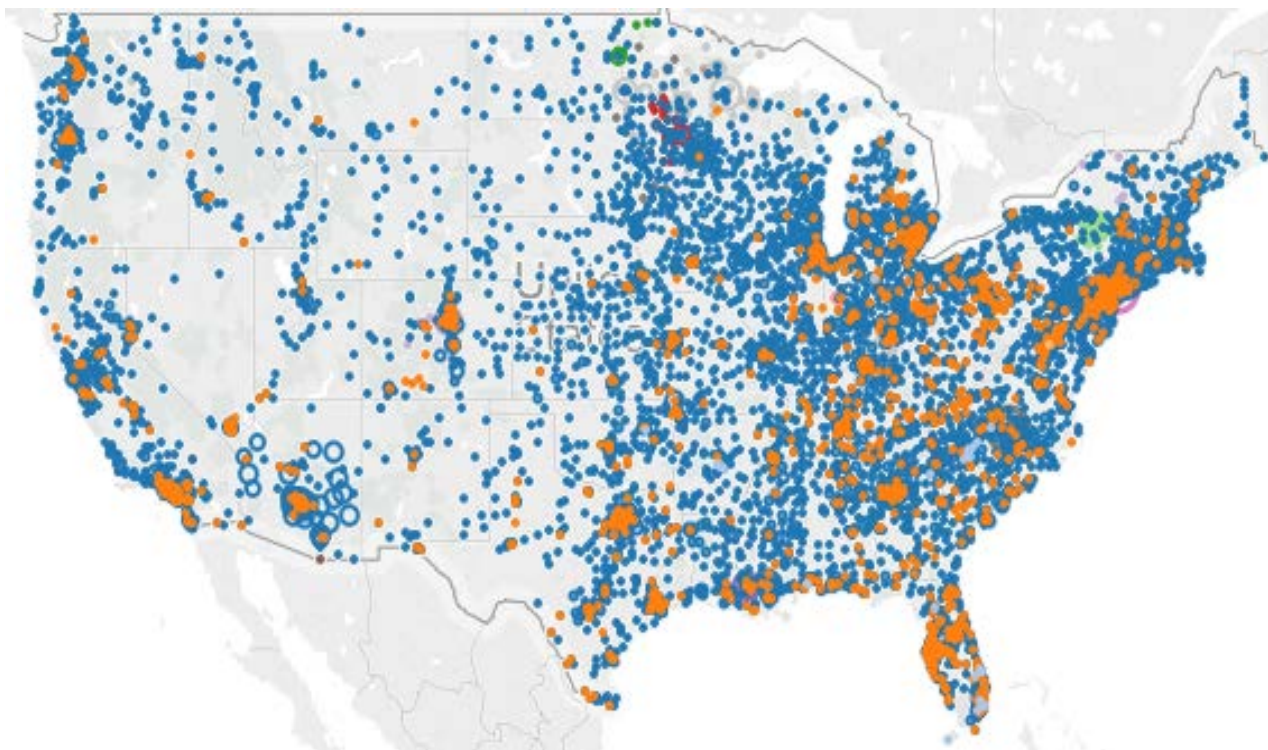
4. HealthCare Payer News, *Streamlining Pre-authorizations to Prevent Physician Abrasion*, Feb. 2013

5. <http://www.policymattersjournal.org/krieger.html>

6. January 2014 Surescripts survey

7. inspire.com

National Prospective ePA Adoption



Enabled NPIs
per Zip code as
of June 2016

- 20 Health Systems Live
(was 11 in April)
- 11 EMRs
(was 9 in April)
- 7 PBMs/Payers connected
(same in April)
- ~72,000 Prospective ePA requests initiated
(34,000 in April)

CompleatEPA Network Update

8x

Active ePA users
growth since 1/1

6.5x

ePA volume growth
since 1/1

User Experience

~50%

Average reduction in
required questions

6 sec

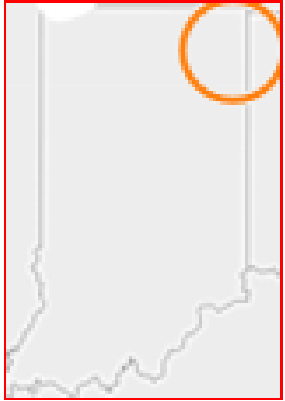
Median Response
Time
(PAInitiationResponse)

4.0

ePAs/Doctor in June

Indiana Prospective ePA Adoption

Great growth in Indiana Through June 2016!



12/2015, 1st
CompleatEPA
Request



Through
March,
3 Health
Systems
spanning
15 zip codes,
made
**512 ePA
requests**



Through
April,
5 Health
Systems
spanning
21 zip codes,
made
**1137 ePA
requests**



Through
June, 7
Health
Systems,
spanning
59 zip
codes
made **2775
ePA
requests**

- Additional Epic sites plan to go live Q3 & Q4.
- Several EHRs planning their ePA deployment in Q32016 - 2017.

▪ **3310 ePA enabled NPIs in Indiana**
(was 2685 through April):

- Active EMRs: Epic, Aprima, Dr. First, Agastha, MD Office Manager

Progress Status of other EMRs in Indiana

- **NextGen** - Approx. 1000 providers
 - First Indiana pilots are being planned in late November
 - The NextGen practices must upgrade to version 5.8 UD3 to be ePA capable
 - All NextGen practices will be required to upgrade to their new software version 5.9 next Summer
- **Dr. First** - Approx. 570 providers
 - They are only activated with CVS Caremark, not Express Scripts Inc....providers need make requests for resolution.
- **Cerner** - Approx. 1500 providers. Providers need to make requests for a solution.
- **Athena** - Approx. 1000 providers. Providers need to make requests for a solution.
- **All Scripts** - Providers need to make requests for a solution.

Indiana ePA Adoption Strategy & Call to Action

Employers

Work with Health Plans and local care providers to drive adoption of prospective medication electronic prior authorization



Health Plans

Encourage participating providers to adopt EHR technology that support prospective medication electronic prior authorization



Healthcare Providers

Ensure that your EHR technology has prospective medication electronic prior authorization on their development road map and have prioritized it based on your needs.

Prospective ePA Education Sessions

- Hosted by Surescripts
- registration instructions and dates are noted on ePA handout on Forum website:

www.employersforumindiana.org

Monday, August 1, 2016	12:00 PM
Tuesday, September 6, 2016	5:30 PM
Tuesday, October 4, 2016	9:00 AM

- Open to all stakeholders
- Experts available to answer any questions!