



**arrive**  
HEALTH

**WHITEPAPER**

# **Physician Insights: What's Needed to Improve Prescribing Workflows**

Survey Results

## Introduction

The United States spends nearly 20% of its gross domestic product on healthcare.<sup>1</sup> Many factors contribute to this immensely high rate, from the outsized cost of care delivery to substantial spending on prescription drugs. Given prescription drug spending is expected to grow nearly 60% by 2027, it is often targeted as a way to help flatten the healthcare cost curve.<sup>2</sup>

Lowering the cost of medications for *patients* is a critical starting point. Manufacturer costs trickle down to the patient level, impacting the out-of-pocket price they pay at the pharmacy counter. Research also shows the price of a medication often limits an individual patient's compliance,<sup>3-5</sup> and as out-of-pocket expenses increase, adherence to medication declines, irrespective of disease type and insurance coverage.<sup>6-10</sup>

*The price of a medication often limits an individual patient's compliance and lowers adherence.*

This is concerning because patients who do not adhere to medications risk mismanaging their illness and worsening their condition. When this happens and disease severity progresses, costs for treatment also increase. This cycle underscores why cost must be included as a factor when providers make clinical decisions with their patients.

## Challenges Providers Face When Trying to Prescribe Affordable Medications

Understanding how much medications cost is a challenge for providers, due to countless plan variations, frequent formulary changes, and patient-specific accumulators.<sup>11-12</sup>

Expecting providers and care teams to sift through these ever-changing factors creates an undue burden as they try to accurately understand the cost and accessibility of specific medications. Yet providers who do not consider coverage factors risk facing angry, frustrated, and confused patients as they develop care plans. Access to a patient's unique prescription coverage details could better inform prescriber decision-making, reduce patient affordability worries, and lower medication adherence concerns.<sup>3</sup>

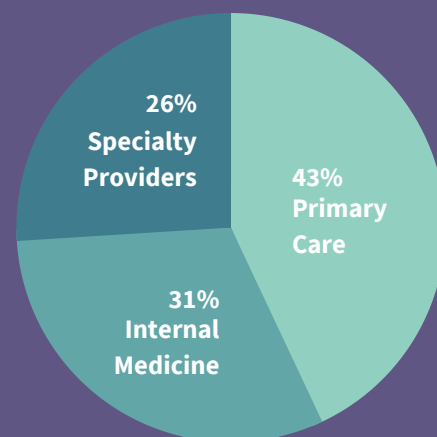
To understand prescribing patterns and how tools embedded within the electronic health record (EHR) can enhance outpatient prescribing practices, Arrive Health commissioned Xtelligent Healthcare Media to survey over 200 providers across the United States.

Looking at both survey and interview data, it is clear that providers want access to streamlined technologies in order to view more reliable cost data, help reduce callbacks from the pharmacy, and improve patient medication adherence.

### Survey Demographics

Respondents represented a diverse array of specialties (e.g., cardiology, endocrinology, nephrology, rheumatology). However, primary care and internal medicine physicians comprised most of the more than 200 providers surveyed across the US.

Five physicians provided additional insights through qualitative interviews.



## The Current State of Prescribing Technology

Providers recognize the positive impact technology can have in supporting clinical decision-making and improving prescribing workflows, and a majority consider themselves early adopters of new technologies.

Sixty-three percent agree or strongly agree that they try new healthcare technologies as soon as they are available. With 84% of the surveyed providers writing over 11 prescriptions a day, it is clear that technology can play a major role in streamlining repetitive processes and promoting improved decision-making. Yet 51% of respondents claim they do not have access to accurate, patient-specific medication pricing in the EHR.

“We’re not able to access that data in real-time,” said a hospital-based nephrologist during qualitative follow-up. “Having this information would make conversations more data-driven. It certainly would limit the number of follow-ups where a person abandons a prescription or treatment because of cost.”

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## When Real-Time Information Isn't Available or Reliable

Prescribers without access to real-time information often lean on historic prescribing patterns, writing orders for drugs they are familiar with because they are not alerted of other covered, clinically-equivalent options. Other times, they prescribe using insights that do not incorporate accurate costs.

“Historic prescribing habits mean I have go-to favorite medications,” said a primary care physician. “A lot of the time, I may be moved by samples that I have in the office and coupon vouchers.”

Unfortunately, 78% of providers who do have access to patient-specific information within the EHR say they do not find the information reliable or accurate.

“We never know for sure what medication will be covered until we prescribe it and submit it to insurance,” one provider said.

*78% of providers with access to patient-specific information within the EHR say they do not find the information reliable or accurate.*

Unreliable information being presented in the EHR is equivalent to a lack of information altogether. If providers do not trust the information given to them, the data cannot be leveraged to create an effective care plan. Inaccurate data also means providers do not receive reliable flags for coverage restrictions to understand which medications are covered and which need prior authorization clearance from the patient's health insurance. As one provider noted, this can also lead to delays in patient care.

“Sometimes the patient comes back and says insurance denied the prescription,” a physician explained. “So I walk them through the fact that it'll take a couple of weeks for insurance to approve it or not approve it. If insurance doesn't approve it, we will come back and talk about what other options there are.”

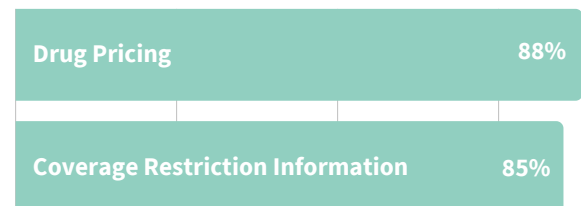
## Unnecessary Delays in Care

Challenges around the prior authorization process are well documented and studied, as it leads to friction in the care journey and a delay in treatment initiation.<sup>13-14</sup> When a payer denies an initial medication, care is often delayed because providers need to determine an equally effective, alternative option.

In addition to prior authorization clearance, pharmacy callbacks are another driving force behind delayed care. **Over three-quarters of survey respondents (77%) report needing to change, manage, or resend a prescription order more than 25% of the time after it has been sent to the pharmacy.** This can be especially frustrating and costly for providers. When a prescription needs to be modified or re-ordered, patient-facing time is taken away in order to rework care plans and research effective alternatives. Formulary or coverage restrictions are the primary cause of this duplicative work, according to 93% of respondents. “Getting fewer callbacks from the pharmacies for a less expensive alternative is the goal,” noted a primary care physician.

Yet in many cases, providers do not know if a patient’s prescription order will be called back until the order is placed and the patient goes to the pharmacy. In order to reduce unnecessary delays in care, providers want access to drug pricing and coverage restriction information, so they can prescribe the right medication the first time.

### Types of Information Providers Want Access To



The combination of unreliable coverage information, ever-changing formularies, and patient-specific restrictions make it nearly impossible - without the help of technology - for providers to consider cost in their clinical decision-making. Providers want and need the ability to see benefit information in real-time to prevent frustration over exorbitant out-of-pocket costs and increase the likelihood of a patient’s adherence to a prescribed medication.

## **Opaque Pricing Hampers Prescription Decision-Making**

*Patients know the cost of many items they purchase throughout the day, but the cost of prescription medications is often unknown until they reach the pharmacy counter.*



According to our survey, only 27% of providers said they always discuss medication prices with their patients. As a result, many patients are blindsided by medication costs and return to their providers to develop alternative care plans. Discussing cost at the time of prescribing can help providers prevent this workflow interruption, but without reliable pricing information, these conversations can be a shot in the dark.

“I do talk to patients about potential costs a little bit,” one provider said. “But for the most part, we talk about what we’ll end up being able to prescribe and what won’t be able to work.”

Considering factors like patient socioeconomic status and insurance coverage, including copays and coverage restrictions, is also important for providers as they may hinder a patient’s ability to pick up or pay for the prescribed medication.

“If insurance doesn’t cover the prescription all the way, patients are going to come back to me extremely angry that I would prescribe them something that they’re not going to be able to get,” a gastroenterologist commented. “I want to make sure that those medications can be covered before I prescribe them so that the patient doesn’t leave dissatisfied.”

Generic medication availability also changes provider willingness to have these conversations with patients, respondents noted. Providers are less likely to have a conversation with a patient when the medication is generic and assumed to be less expensive.

“If I see something that’s going to show in the several hundreds of dollars, that’s going to be a dealbreaker or I’ll investigate a little bit more as to why it’s showing up at that high of a price. Is that legitimate, or is there a program that will mitigate those expenses for the patient?” a primary care provider wondered.

Navigating coverage restrictions and formularies for each insurance plan would be nearly impossible for one provider to manage. Unfortunately, rather than try to hit an ever-moving target, many providers often avoid cost conversations altogether.

## Current EHR Data is Often Lacking

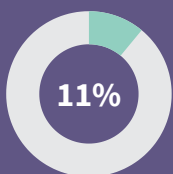
While the EHR has greatly improved provider workflows in recent years, the data it contains must be accurate in order to effectively support provider decision-making. But reliable prescription coverage information can be challenging to come by. “I’ve never really thought about where this information comes from or whether it’s accurate,” a provider pointed out.

Many tools accessible to providers are unreliable; only 11% of physicians find their EHR’s prescription decision-making support tools to be very helpful. Seventeen percent find the tools completely unhelpful, and 19% do not know if they have access to these capabilities.

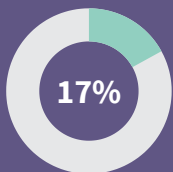
Unfortunately, sometimes the prescription data providers have access to is outdated or incorrect. Yet many make clinical decisions based on this information. “There are times when I think a medication is covered. We send it to the pharmacy, and then it’s not covered. I would probably say that’s about a third of the time,” one physician commented. “Even sometimes the tiers are wrong. It doesn’t tell me the whole story about what insurance covers.”

A general internist shared a similar thought and stated, “It sometimes is accurate, but you don’t know until they go to the pharmacy.”

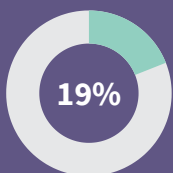
### Provider Perceptions of EHR Coverage Data



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## **An Inefficient Cycle for Patients, Providers, and Pharmacists**

Because providers are often unsure whether a patient's specific insurance plan covers a medication, patients must go to the pharmacy before coverage information becomes transparent.



If the medication is not covered, pharmacists may need to call the provider to find a covered option before repeating the prescribing process. This can result in non-adherence, a negative patient experience, and significant provider frustration.

Lagging or incomplete coverage data means providers cannot accurately know how much their patients will pay for medication, nor can they predict if they need to find an alternative to their original prescription.

"I definitely need formulary data in the EHR to be more up-to-date," emphasized another provider.

## **The Impact of An Ineffective Prescribing Cycle**



- Prescriber orders a medication without real-time cost data
- Patient goes to pharmacy to pick it up
- If the medication isn't covered, pharmacist may call the provider for an alternative option
- Provider must complete additional work to re-prescribe, and patient may abandon the fill due to the delay

## Leveraging Real-Time Prescription Benefit at the Point-of-Care

Real-time prescription benefit (RTPB) technology is available today, but many vendors offering these EHR-embedded solutions display unfiltered, inaccurate information. The previously standard approach of bringing static formulary and benefit information to the point-of-care is no longer sufficient, meaning RTPB vendors must leverage real-time connections with PBMs to bring data to EHR workflows.

“It’s that reliability factor,” a primary care physician highlighted. “There are so many nuances to insurance companies and who gets covered on certain plans. Not all plans are created equal.”

Unfortunately, only 10% of physicians trust the current real-time prescription information they have access to. Unreliable coverage information is equivalent to the absence of information, as providers cannot make informed clinical decisions based on inaccurate information. Viewing up-to-date, patient-specific coverage information at the point of care would help reduce callbacks and would allow providers to incorporate financial factors into their decision-making process.

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“Having that kind of data transmittable at the point-of-care does something that’s been out there as an idea for many years,” the nephrologist observed.

Fortunately, some vendors offer real-time prescription benefit technologies that source information directly from pharmacy benefit managers and use data quality processes to ensure reliability, transaction success, and speed.

## The Future of Prescription Decision-Making Has Arrived

The combination of decreasing time allotments for each patient, ever-changing formulary design, and patient-specific coverage factors make it impractical to expect providers to determine cost without the help of technology. This survey demonstrates that providers want - and need - the ability to see benefit information in real time. They can use this data to prevent frustrations over exorbitant out-of-pocket costs and increase the likelihood of a patient's adherence to a prescribed medication.



“In an ideal world, we have access to the cost of medication a patient would pay at the pharmacy... to understand the impact of cost to the patient and what the insurer will pay,” said a primary care practitioner. “I would also like access to coupons or vouchers for manufacturers’ support programs.”

This ‘ideal world’ is not as farfetched as it used to be. Effective real-time prescription benefit (RTPB) solutions, like the one Arrive Health offers, already exist, showing providers the true price a patient will pay at the pharmacy based on individual coverage details.

Arrive Health’s prescription decision support tools provide physicians with this information, highlighting options that lower patient out-of-pocket expenses. Without leaving the standard prescribing workflow or adding EHR clicks, providers can also avoid medications that might be restricted or require prior authorization. Compared to tools that display outdated and aggregated information, this type of RTPB solution can support patient compliance, drive timely care, and eliminate pharmacy delays.

Arrive Health is working to overcome prescribing friction, provide real-time information, and reduce opaqueness in cost data – issues that have plagued the pharmacy value chain for years. Our collaborative approach with EHR vendors, PBMs, health plans, and health systems enables us to seamlessly integrate into care workflows, improve data accuracy, and display better medication options at the point of care. As a result, we are helping drive positive behavior change to reduce drug costs and improve patient outcomes. RTPB is simply the starting point that can enable optimization of prior authorization processes, patient engagement efforts, and workflow automation strategies.

We are focused on delivering accurate, real-time cost information when and where it matters most. Join us on our mission to simplify healthcare, driving access to the most affordable care for every patient nationwide.



*It's about getting accurate information and more information. Technology can help us if we have all the data.*

- General internist

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*Note: A total of 210 providers participated in our survey data presented in this report. Percentages may not add up to 100 due to rounding. Skip patterns were taken into consideration when calculating the aggregate response for each question, so response rates were calculated based on the total number of respondents who answered the question.*

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## HEALTH

Arrive Health (formerly RxRevu) is a healthcare technology company dedicated to putting the needs of patients and providers first. We improve access to the most affordable, quality care by delivering accurate, patient-specific cost and coverage data to providers, care teams, and patients. Collaborating with premier health systems, pharmacy benefit managers, payers, and healthcare IT vendors, Arrive Health is clearing the way for better health by reducing friction in care workflows and enabling meaningful conversations about access to care.

For more information about how Arrive Health is clearing the way for better health, please visit [ArriveHealth.com](https://ArriveHealth.com).