Formulary & Benefit Standard

Clinical Operations Workgroup

Meaningful Use – Formulary & Benefit

- **Core Measure**
  - Generate and transmit permissible prescriptions electronically (eRx)

- **Meaningful Use Stage 1:**

- **Core:** More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology
- **Menu:** Implement drug formulary checks

- **Core Measure MU Stage 2:**

- **Core:** More than 50% of all permissible prescriptions written by the EP are compared to at least one drug formulary and transmitted electronically using Certified EHR Technology

Our Charge

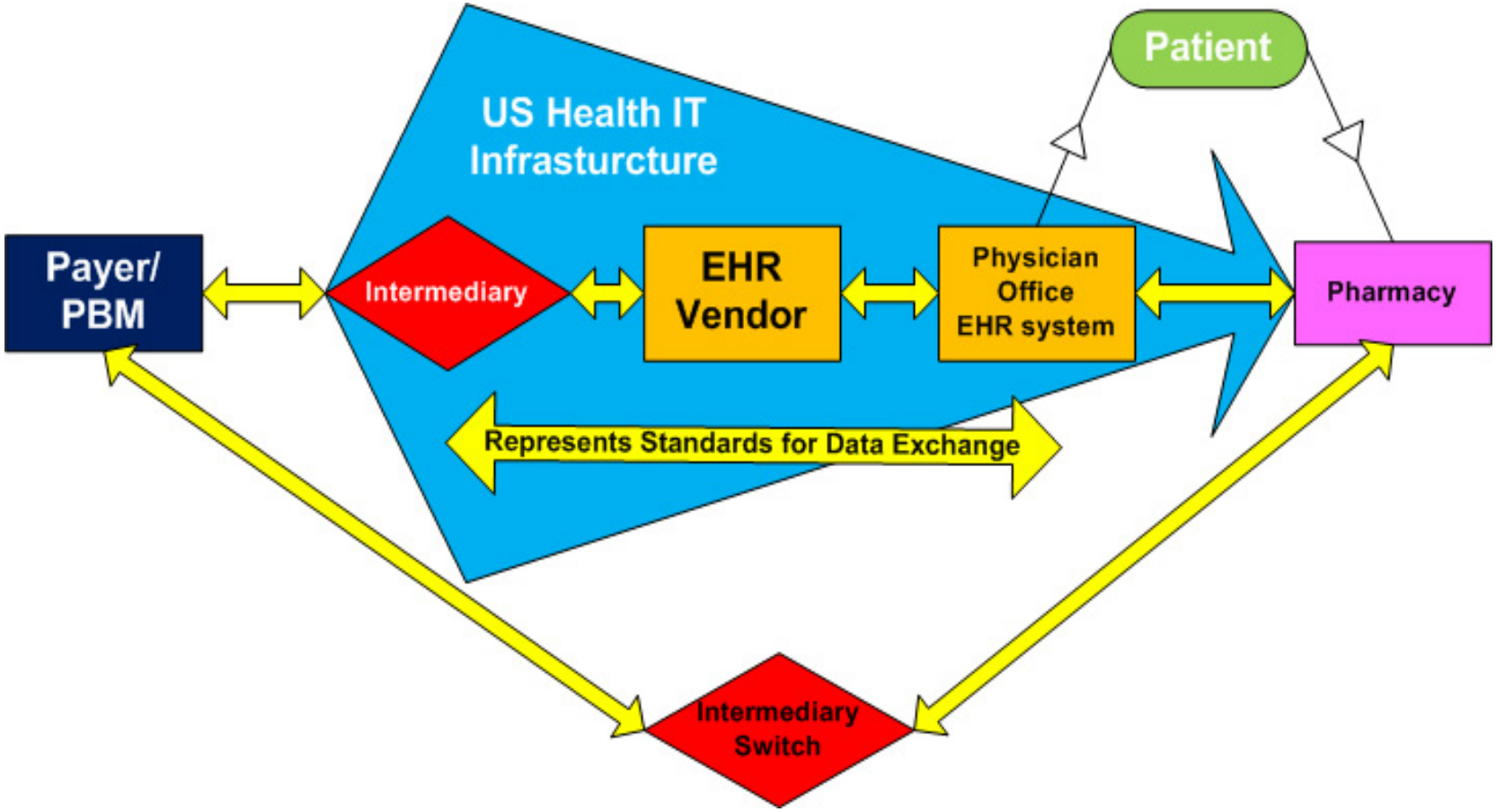
What Standards Exist?

Where are the gaps?

'Standards, like any structural component of health care, should be assessed based on the extent to which they enable improvements in health care processes & outcomes'

Wang et al, JAMIA, volume 16 #4, July/August 2009

Flow of the e-prescription



eFB Landscape Assessment

Challenges	Description	Impact to Provider/Patient
Data Quality	•Data meaning lost in translation during data exchange ➢Symbols (formulary status vs tier) ➢Truncated data •Incomplete information ➢Granularity – Lack of patient specific drug benefit ➢NDC mismatch	• Provider does not see the patients actual drug benefit for a specific drug & dose (directional – not actual) •Limits provider ability to make informed decisions about a patients medication therapies •Patient can still have hurdles at the pharmacy & Call back to providers
Data Availability	•Voluntary Participation for Commercial patients in eRx network(s) •Inconsistent Patient Matching via eligibility check •Cumbersome Data Updates at POC & PBM to intermediary	•Incomplete information getting to provider at Point of Care (PoC) Delay in information getting to provider at Point of Care (PoC)
System Design	•Storage of large files – batch updates •Manual vs automatic updates	• Client/Server model can have difficulty with updates at PoC •Lack of Real-time transaction •Formulary data integrated at multiple points at PoC
Data Usefulness	2009: No statistical difference between e-prescribers and non-e-prescribers for number of call backs from pharmacy, or time spent dealing with drug coverage (Wang et al – JAMIA: Volume 16 #4, July/August 2009)	• Leads to lack of trust in data and it usefulness • Leads to Interpretation

Points to address from June HITSC

- Is RxNorm a replacement for NDC or in addition?
- Where is PCN/BIN/Group exchanged/seen?
- RxNorm vs NDC at prescriber & pharmacy
- F&B data direction or actual?
- What version of F&B is needed for ePA?
- How feasible is a real-time transaction?
- Is this in alignment with Medicare part D?

Proposed Recommendations

- Short term:
  - NCPDP Formulary & Benefit Standard Version v3.0 (Current standard – batch files) should be supported in CEHRT for F&B transmission to EHRs
  - F&B transmission with NCPDP 3.0 should be required to use RxNorm in addition to NDC to facilitate accurate exchange of data and to reduce file size
  - Certified EHR technology should have functionality to match the patient not only to their medical benefits but also to their pharmacy benefits utilizing PCN/BIN/Group
  - Certified EHR technology should be required to support acceptance of automatic updates or push functionality to update F&B data at the provider level to minimize latency in information at the Point of Care
  - F&B Data presented at the point of care should, at minimum, represent the patient's group pharmacy benefit

- Long term:
  - Certified EHRs should develop the functionality to run patient level formulary checks against the patient's actual drug benefit for a specific drug & dose in a timely manner (new standard/transaction is required)

Resources

- Wang et al. Perception of Standards-based Electronic Prescribing Systems as Implemented in Outpatient Primary Care: A Physician Survey. JAMIA. 2009, 16:493-502
- Joy M Grossman et al. Physician Practices, e-Prescribing & Accessing Information to Improve Prescribing Decision. Center for Studying Health System Change. Research Brief #20, May 2011
- Bell et. al. Evaluating the Technical Adequacy of Electronic Prescribing Standards: Result of an Expert Panel Process. AMIA 2008 Symposium Proceedings
- Fischer et. al. Trouble Getting Started: Predictors of Primary Medication Non-adherence. The American Journal of Medicine (2011) 124 #11, November 2011
- Pathak et al. Using RxNorm to Extract Medication Data from EHR in the Rochester Epidemiology Project. ICBO. July 28-30, 2011