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ancePCS Leads Development of Physician

Connectivity

e've come a long way since the days of filing paper reimbursement claims for prescriptions filled at the pharmacy. AdvancePCS invented the electronic claims processing industry, bringing simplicity and convenience to the lives of Americans.

Yet picking up a prescription at the pharmacy can still have its hang-ups: prior authorization checks, eligibility and formulary issues, illegible doctor's writing-all can add up to delays and frustration

> for the customer, as well as extra work for the pharmacist.

Soon this could be changing for the better, thanks to cutting-edge technology being tested by AdvancePCS. The company's physician connectivity efforts are targeted at doing just what the name implies–getting physicians connected. How to get them connected and for what purpose are the questions three pilot programs are addressing. Here is an overview of

the pilots:

Formulary Management

For the past eight months, more than 100 physicians working with patients in the ConnectiCare health plan have been using handheld Palm organizers to assist them in their prescribing decisions. Using Web-based ePocrates Inc. software, the doctors logged onto the Internet on a routine basis to download formulary information from AdvancePCS and other regional drug plans onto their Palm Pilot™. Other resources made available included drug reference information and updates, copay rules, pharmacy and physician search capabilities, access to AvantGo personalized Web software, the New England Journal of Medicine, and much more.

"AdvancePCS focused on providing a reference solution to meet the needs that physicians have asked for," says Jon S. Halbert, AdvancePCS vice chairman, e-Business and Technology. "We are providing solutions with valuable medical applications that will continue to improve the quality of care and allow physicians to spend more time with their patients."

Adoption and utilization of the ePocrates tool has exceeded all expectations. More than 80 percent of the physicians said the program was valuable or very valuable. Overall satisfaction was high because the easy-to-use technology provided the physicians instant access to dosing and interaction facts on 99 percent of the

most commonly prescribed drugs, as well as their patients' formularies. This resulted in physicians prescribing the right drug in the first place, saving administrative time at the pharmacy, and eliminating waiting and inconvenience for the patient.

Post-pilot research revealed several successful outcomes of the project:.

- Physicians believe the technology has improved quality of care, since they can offer patients lower copays, prescribe correctly the first time and increase prescription accuracy.
- Pharmacy call volume related to prescribing choices declined after physicians began using the handheld devices, which had a positive impact on office workflow by freeing more time for patient care.
- Three-quarters of the physicians believe the technology is likely to influence their choice of prescription medications to more appropriate, cost-effective drugs.
- Approximately 90 percent of the physicians are more likely to refer to a health plan's approved drug list when choosing a medication, because it takes less time and effort with handheld devices than with books.

"I have been very happy with the technology because it is easy to use," says Dr. Alan Greenglass of Connecticut Health Partners Medical Group, which participated in the pilot along with ProHealth-Physicians. "I found the formulary information easily accessible and very helpful —it has made my office more efficient."

Jeff Casberg, ConnectiCare's director of pharmacy services, believes the project offers significant value to the plan's members, as well as to physicians and pharmacies. "Ultimately, this project and others like it will transform the manner in which prescriptions are written and delivered to patients," Casberg says. "The information at the point of care can reduce errors, help doctors choose the appropriate medication and reduce members' out-of-pocket expense."

Prospective DUR

A second pilot by AdvancePCS and Cymedix.com® is adding another dimension to the solution—prospective, or prior to dispensing, drug utilization review (DUR). Since last April, physicians with three health plans—Lifeguard in California, United Mine Workers in West Virginia, and CareFirst in Baltimore—have used a desktop solution integrated into their practice management system to improve their prescribing decisions.

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The Cymedix.com solution has physicians logging securely into the AdvancePCS claims adjudication system. With the patient's consent, this connection gives physicians access to the patient's AdvancePCS prescription history over the last six months as well as the AdvancePCS formulary. The program provides an analysis of the physician's top 30 prescribed drugs and suggests cost-saving formulary alternatives.

The physician also sees all of the prospective DUR facts for a given patient that a pharmacist would see: potential drug interactions, therapeutic duplication, prior authorization, managed drug limitations, step therapy guidelines, disease contra-indications, geriatric dosing, pediatric dosing, etc. A future addition to the project will be automated prior authorization. This will allow the physician to fill out a prior authorization form online and send it directly to the AdvancePCS system.

Definitive results from this pilot are currently being compiled. However, Andi Moore, vice president-Physician Connectivity, reports that feedback from physicians has been positive. "It's



proven to be a valued program in an emergency room in West Virginia. They don't have patient charts in emergency rooms, so physicians are forced to count on the patient for information. That's not a very reliable solution, since an emergency room patient is traumatized or very ill. The Cymedix connection enables the physicians to make informed prescribing decisions, amounting to improved patient care."

Electronic Prescribing

Electronic prescribing has been a futuristic vision for years now. It's easy to imagine the speed and convenience of having a physician electronically send a prescription to a pharmacy.

Soon, AdvancePCS is expected to announce a pilot with PocketScript™ and a major health plan. The six-month pilot will have physicians using PocketScript prescribing software on Compac iPAQ handheld devices. Physicians will be able to access the formulary and copay rules, review a patient's DUR information, pick a pharmacy, and electronically send a prescription to the pharmacy's fax machine instantly. In addition to convenience and speed, electronic prescribing eliminates the problem of illegible handwriting by physicians and related dispensing errors.

Says Moore, "Our experience has told us that we need to provide e-prescribing that will be easy for physicians to use and will save them time. Therefore, we are delivering e-prescribing in wireless and real-time hand-held devices with easy-to-view screens and voice activation."

Questions and Certainties

Which technological solution AdvancePCS chooses to offer in the future remains to be seen, says Jeff Jackson, vice president—e-Business. "There are probably 50 companies that have pieces of the solution," he says. "However the marketplace shifts, we need to provide a consistent solution that will be practical for all physicians."

Another question is who will pay for the technology, which would likely cost several thousand dollars per physician to set up.

What is not in question are the clear benefits physician connectivity will bring to patient care. "Physician care will improve, patient satisfaction will increase, administrative costs will decrease, and ultimately drug plan costs should decrease," says Jackson. "Currently, up to 40 percent of prescriptions require reworking. By handling all of the patient care issues up-front, producing cleaner scripts and prescribing more formulary and generic drugs, the natural result would be lower pharmacy costs, lower health plan costs and lower copays. It's a great way to use technology to lower the costs of drug care."

—Diana Lomont