



NCAPIP Position Statement: Restrictive E-Rx Systems and the EHR

Congress passed the Health Information Technology for Economic and Clinical Health (HITECH) Act that provides incentives for physicians to computerize their health records as well as penalizes them and hospitals for non compliance. Nearly \$36 billion in federal funding has been allocated for this Act that mandated incentives be given to Medicare and Medicaid providers not for EHR adoption but for the meaningful use (MU) of EHR. The Act also identified e-prescribing (E-Rx) as a requirement and a part of the “core set” of MU objectives and measures. The combined use of EHR and E-Rx will strengthen the physician-patient relationship, improve patient care by allowing physicians to coordinate care across all specialties, and facilitate improved quality management of chronic disease, thereby reducing costs.

NCAPIP is a non profit organization of Asian American, Native Hawaiian and Pacific Islander physicians advocating for the health and well being of their patients and communities. The patients they serve originate from almost 50 countries and speak 100 languages. Asian Americans, Native Hawaiians and Pacific Islanders are one of the fastest growing ethnic populations and present with conditions that negatively impact their health, such as limited English proficiency (LEP), high poverty rates, a low level of high educational attainment and a high rate of being uninsured. Up to 35 percent of Asian Americans, Native Hawaiians and Pacific Islanders live in linguistically isolated households (Census 2000), are unable to access basic health care services since few are offered in their respective languages, and are more likely to live in poverty. One of their most difficult challenges is the limited access to health information and coordinated and timely care, again due to language barriers and social isolation.

With regard to the HITECH ACT, while NCAPIP fully supports the adoption of EHR and MU criteria in order to achieve significant improvements in healthcare and outcomes, we must proceed with caution. Policy makers and elected officials must always be aware that actions and interests of the insurance industry and other payers, including the government, can easily compromise the health and well-being of patients. Without strong oversight and establishment of appropriate implementation standards, there is significant opportunity for HIT abuse and ineffectiveness.

Health insurers already use protocols such as prior authorization, quantity limits, and step therapy requirements to manage the utilization of drugs.

Prior authorization requires a doctor to communicate with the drug plan and obtain authorization before the restricted drug will be covered. This generally is applied to top specialty and/or expensive drugs, rather than to more commonly used and generic drugs. The American Medical Association (AMA) recently released a survey which found:

- More than half (58%) of physicians experience difficulty obtaining approval from insurers on 20 % or more of preauthorization requests for drugs;

- More than two-thirds (69%) of physicians wait several days to receive preauthorization from an insurer for drugs, while one in ten wait more than a week;
- More than two-thirds (67%) of physicians report it is difficult to determine which drugs require preauthorization by insurers.

Quantity limits restrict how long a beneficiary can use a particular drug, the dosage that can be taken during a month, or the day's supply. This is the most commonly used Utilization Management tool for the top brands, but less commonly for specialty drugs.

Step therapy, also known as Fail First policy, generally requires individuals to try a less aggressive or less expensive drug before the restricted drug will be covered. Step therapy can be done in two different ways. It is inappropriate to do step therapy whereby the insurer or health plan applies an automatic substitution, for economic or other reason, without the approval of the attending physician. In this step therapy situation, patients are forced to accept a totally different drug, not just a generic version of what their doctors prescribed. Patients then potentially have to suffer through prolonged symptoms while they "fail" the drug. With a limited English proficient population that also has cultural barriers, this problem is exacerbated and the trust and bond with the physician is easily broken. However, NCAPIP fully supports the model of step therapy that is evidence-based and a best practice, and provides for physician approval. This model of step therapy is both good medicine and best for the patient.

EHR, eRx, and ePA

While the Office of the National Coordinator (ONC) requires as a condition of certification that EHR technology be capable of generating and transmitting electronic prescriptions (eRx), certification does not require that EHR technology be capable of performing electronic prior authorization (ePA). NCAPIP strongly supports the concept of including and integrating ePA into EHR and eRx. This will add to the efficiency and effectiveness of the system, and more importantly, will provide patients with timely access to their medications.

Closely related to EHR, eRx, and ePA is the concept of step therapy. NCAPIP strongly supports e-prescribing, but strongly opposes any "fail first" policy that allows automatic therapeutic substitution without the approval of the attending physician.

NCAPIP believes that quality, access, cost containment, and choice are critical to improving health care services, and that physicians must retain responsibility for treatment decisions for patients regarding prescriptions and treatments, including appropriate step therapy. EHR systems including E-Rx should be provided through a neutral and open platform that does not advance commercial interests of any particular party, including the government, the insurance industry, or any manufacturer, to the potential detriment of the patient. An E-Rx platform should contain ePA as part of the mechanism to streamline and improve the care of all patients.

For more information please contact:
Ho Luong Tran, M.D., M.P.H.
President and CEO
Htran@ncapip.org