Electronic Medication Prior Authorization

Taking the Pain Out of Prior Authorizations
Agenda

- Surescripts network overview
- EMPA growth, workflow and value proposition
- Demo
The most comprehensive health information network.

- 95% of Pharmacies
- 9.7 Billion Transactions per year
- 1,000,000+ Care Providers
- 700 EHR Applications

E-PRESCRIBING
Physicians and support staff spend about **8 hours a week** on manual prior authorizations and the related run-around.

- **80%** of requests require extra work, rework or phone/fax follow-ups
- **30%** of a practice's incoming calls are from patients looking for their prescriptions
- **40%** of prescriptions are never picked up due to prior authorization delays
Surescripts EMPA network has seen great user adoption

- 75% of all physicians contracted
- 8 PBMs/payers live
- 2 third-party processors live
- 67K enabled users
- 7x volume growth since Jan. 2016
Thousands of users are already enjoying the **benefits of prospective electronic medication prior authorization.**

- **~50%** decrease in required prior authorization questions
- **3-4 seconds** Median PBM/payer response time from initiation
- **52 minutes** Median PBM/payer response time from PARequest
The back and forth involved in the manual process can prevent patients from getting their meds for up to 4 weeks.
EMPA provides a real-time connection to the PBM, delivering a response directly to the user.

1. **Provider Initiates Electronic PA Request to Health Plan**

   The provider starts a prior authorization (PA) request, provides guidance to the patient regarding the PA Process, and sets appropriate expectations for PA completion.
EMPA provides a real-time connection to the PBM, delivering a response directly to the user.

Health Plan Responds to Electronic PA Request

The health plan will review the request and return one of three responses:

- **Completed** - PA not needed for medication/patient/health plan combination
- **Completed** - PA not allowed, medication not covered
- **Question Set Returned** - PA allowed, please complete attached question set
EMPA provides a real-time connection to the PBM, delivering a response directly to the user.

Provider Completes Question Set Returned By Health Plan

The provider or clinic workflow ensures that the prior authorization question set is completed and returned to the health plan by the due date indicated.
EMPA provides a real-time connection to the PBM, delivering a response directly to the user.

4 Health Plan Approves or Denies electronic PA

The health plan will approve or deny the electronic PA based on the responses to the question set. If the health plan denies the electronic PA, there may be an option to appeal the denial.
Why should you adopt **electronic prior authorization** within your practice?
EMPA is delivering a great user experience

- “EMPA is saving us 14 FTE weeks per year”
  
  *Family Practitioner, ~Large provider hospital system*

- “Response time is down with EMPA – sometimes it took 3+ days with other ‘electronic’ solutions”
  
  *CMIO, ~1k provider health system*

- “EMPA is paperless, in the EHR, and has a much, much quicker turnaround than what we had before.”
  
  *Nurse, ambulatory clinic*

- “It’s so fast, it’s so easy to complete PAs now, just open the patient encounter to answer the questions, there is minimal time required. This is much better than other electronic solutions”
  
  *Nurse, ambulatory clinic*
Setting the **appropriate expectations** with the patient will be key.

![Diagram showing the relationship between Realistic, Consistent, and Complete stages]
EMPA is Available Now

- CPS Version 12.2
- C-EMR Version 9.10
- eSM Version 4.x

Please talk to your GE Sales Executive to learn more about getting enabled for EMPA
Questions
EMPA Demo