

MedicineLouisiana

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Re: SR 81, 2011 Regular Legislative Session
Legislative Workgroup on electronic prescribing

November 11, 2011

There is no question that prior authorization efforts in a clinician's office require significant time and resources. However, to selectively alter and force specific changes within an electronic prescribing program to meet Louisiana law or regulation, can also require significant financial resources for specific customization for features unique to our state's regulations. There already exist regulatory and guidance documents at the national level that address electronic prescribing requirements. Furthermore, as meaningful use goals are developed, and electronic medical record systems are required to help physician users meet meaningful use, a preauthorization component can certainly be included or have the intrinsic electronic prescribing component be subject to the same regulatory requirement as stand alone electronic prescribing systems. Presently the cost of technology for the average physician's office continues to grow with the expansion of electronic medical records as well as stand alone electronic prescribing programs. At a time of national efforts to bend the cost of growing healthcare costs, promoting highly efficient and effective, top down solutions would seem to be the most efficient.

One can argue that preauthorization is another measure to control growing healthcare costs by requiring the physician to defend necessity. Yet the preauthorization process is, by design, is also intended to make a clinician consider all treatment alternatives that can meet the patient's needs and effect cost efficient appropriate care as well. However, when no other medication can meet a patient's unique needs, it should not come at a cost that endangers a patient life or leaves a disease state untreated. There is no argument that the present preauthorization systems present unnecessary delays in getting the right medication to the right person at the right time.

Since Louisiana physicians are subjected to the same preauthorization processes as their peers in other states, it would appear that efforts to streamline the preauthorization process are best focused at the national level. Regulations and guidelines that are used to certify an electronic prescribing program as a "certified system" already exist and are readily modified.

While Congress can direct The Office of the National Coordinator for Health Information Technology (ONC) to address this issue, the ONC is already able to do so. Part of the ONC mission as stated on its web page is:

- Providing leadership in the development, recognition, and implementation of standards and the certification of Health IT products;
- Health IT policy coordination;
- Strategic planning for Health IT adoption and health information exchange; and
- Establishing governance for the Nationwide Health Information Network.¹

Clearly this is an initiative where there is either a failure to address this matter by the ONC or the ONC is unresponsive to the need to do so. In either case, effecting change should emerge at the national level.

In the meantime, there are other possible solutions within reach for our state:

- 1 Develop uniform preauthorization forms that apply to all pharmacy benefits programs that provide medications for Louisiana citizens (similar to those developed by Blue Cross/Blue Shield of Louisiana²)
- 2 Provide a common web site that is agnostic to a particular pharmacy benefits manager (PBM) to make uniform preauthorization forms available
- 3 Enact legislation that requires that a prescription uniquely designated as emergent by the prescriber, be filled with enough doses for seven days of therapy to permit initiation of treatment on weekends or holidays; and full adjudication of the preauthorization process without compromising patient care.
- 4 When preauthorization is required, the PBM should be required to automatically fax a preauthorization form to the prescribing physician at such time as the prescription is denied (presently a pharmacist has to submit a prescription to the PBM, receives a notice that preauthorization is required, has to fax the physician that preauthorization is needed, who in turn has to contact the PBM, provide information about the patient, have a form faxed to their office, complete the form which often requires that the chart be abstracted for all medications already tried clinical condition requiring such medication and why they failed, submit the form, await review, then get a subsequent request from the PBM if the data submitted does not meet their internal, but unpublished guidelines, so that the physician can try again)
- 5 If there are online preauthorization forms or process offered, then the denial notice from the PBM should identify the exact web page for online preauthorization or from where the preauthorization can be downloaded
- 6 Hold PBM programs accountable for acute hospitalization costs that occur due to delayed administration of medications for urgent or semi-emergent conditions that result in rapid deterioration and hospitalization if not promptly treated, such as infections or acute psychiatric conditions (presently it appears that they are not accountable for such expenses)
- 7 Legislate that when a PBM vendor is contractually changed by an insurer or at the request of a purchaser, that all previous preauthorized medications will be honored; unless the medication is not filled for 4 months or more if the prescription is filled on a quarterly basis; or not filled for 60 days or more if the prescription is filled on a monthly basis.
- 8 Identify those chronic disease states that require lifetime therapy, and when a medication that requires preauthorization is required for such a disease entity, that only an initial preauthorization is required and that any annual recertification for the same medication would become unnecessary, in the absence of any gap in care as described in the item 7 above.

Bibliography

1. The Office of the National Coordinator for Health Information Technology (ONC): http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_onc/1200
2. Physician Drug Authorizations, blue Cross Blue Shield of Louisiana: http://www.bcbsla.com/Providers/PharmacyManagement/Pages/13_802.aspx