EHRs:
Full of Promise, BUT CAN PHARMA PLAY?

The opportunities within the electronic health record channel to reach physicians and patients come with many challenges for the industry.

EHRs could be the promise land for the industry: a direct channel of engagement with physicians, an avenue for providing patient education, and a space to collect real-time prescribing and patient behaviors. But just how much and how effectively pharmaceutical manufacturers can take part in this potential solution have yet to be determined.

The foundation for any opportunity for the industry is currently being laid, as the deadlines for meeting meaningful use (MU) requirements pile up, as physicians increase their adoption of EHRs, and as EHR vendors look for ways to embed the necessary MU information within the physician workflow. The Affordable Care Act is shaping the transformation of patient care delivery through its mandates for accountable care organizations (ACOs); patient centered medical homes (PCMH); formation of state health insurance exchanges; requisite integration of electronic medical records; establishment of quality improvement organizations; and an overall focus on cost savings, quality measures, and improved access.

Some optimists in the industry believe that EHRs will provide pharma with another method for messaging physicians at the point of care, while skeptics believe pharma will have to take a back seat until all the evolving pieces of the Affordable Care Act are in place, and the healthcare industry in its entirety has mastered the function of EHRs.

Laying The Groundwork

According to Ganesh Vedarajan, managing principal at ZS Associates, the industry is just beginning to think about its involvement in EHR, and is trying to determine the role it can play.

"The general perception in the industry is that there is something very important and very profound happening in the marketplace and it could prove helpful from many vantage points for pharma," he says. "But there are many practical limitations with EHRs today, so there is a lot of excitement of what can happen in the future."

While not totally excluded from the channel, it is a bit uncertain for pharma, given

marketing regulations and tenuous physician relationships. Success will be based on how well the industry can bring value to all stakeholders, how easily the information fits into the physician's workflow, and how meaningful the content is to patients.

"I believe EHRs will be enormously useful and valuable to everybody, but it will be an evolution over the next three to five years before they reach maturity," Mr. Vedarajan says. "Today, large manufacturers are staying away from pure explicit promotion on the channel, but good engagement is going to be important at the point of care in the future."

The continual increase in physician use of EHR provides more opportunities for promotion and patient education. The use of portals and patient-physician messaging has had a direct impact on patient satisfaction and loyalty, says Olivia Banyon, founder and executive VP of the Quality Matters division of Sudler. To date, nearly 5 million patients have received care summaries and electronic health information from their providers and providers using EHR have sent 200 million electronic prescriptions.

FAST FACT

> **Some companies have developed EHR/HIT strategies, while others are looking at EHRs as a media channel to place banner ads**
>
> **OLIVIA BANYON**
> Quality Matters

> **The opportunity for pharma lies in bringing more value and ease to both the physician and the EHR system than existing solutions.**
>
> **ANDREW GELMAN**
> PDR Network

"Some pharma companies have already developed comprehensive EHR/HIT strategies and have engaged with the leading vendors around population health management and clinical decision support, while others are still only looking at this industry as a media channel to place banner ads," she says.

Today's focus on lowering costs across the healthcare spectrum will require the industry to change the way it promotes to physicians. Instead of the primary focus being on efficacy, safety, or outcomes the industry will now need to add metrics that demonstrate the economic value of using the drug, as opposed to only providing the treatment value within the physician care package.

"I don't think most brand managers are thinking yet that differentiation in the physician's mind will to come down to economics more than efficacy," says Rob Cosinuke, senior VP and chief marketing officer at athenahealth. "The consolidation of private practices, risk-based contracting, and ACOs are all driving decisions toward the lower-cost option."

Patient expectation is also driving the call for physician/patient communication tools and content. According to PwC, leading electronic medical record software companies are making significant progress on functionality enhancements that will improve eligible provider's ability to communicate with patients via secure messaging. The messaging software is becoming easier to use for physicians because it is better integrated into workflows and new applications are allowing patient messaging to be integrated with mobile platforms that physicians may use outside of their office hours.

PwC's Health Research Institute has determined that patient expectations are built across multiple channels — in person, online, on the phone, and increasingly through non-

traditional settings such as mobile devices and retail health clinics.

"Adapting to the behavior of the next generation patient — appetite for personalized information and real-time feedback, active participation in care and treatment, convenience and on-demand services, and options for comparison shopping — is important," says Lindsey Jarrell, principal in PwC's Health Industries.

All of these forces are setting the groundwork for pharma to be a part of the EHR channel within a healthcare delivery system that is evolving toward more emphasis on improving outcomes and lowering costs. In the years ahead, the industry will have the opportunity to market products through the EHR while at the same time providing clinical and patient support services to physicians.

Challenges and Opportunities

The opportunity for pharma marketers opened up this January when stage 2 of the EHR healthcare provider's incentive program came into effect. Stage 2 requires physicians to meet requirements around advanced clinical procedures, including measures focused on more rigorous health information exchange (HIE); additional requirements for e-prescribing and incorporating lab results; electronic transmission of patient care summaries across multiple settings; and increased patient and family engagement. For HCPs to be eligible for the incentive, they must ensure that more than 10% of their patients are provided patient-specific education resources, according to the U.S. Department of Health and Human Services.

"Many aspects of Meaningful Use Stage 2

EHR Adoption Rate Up 21% in 2013

The annual National Ambulatory Medical Care Survey, conducted between February and June 2013, found a 21% increase of EHR adoption among 10,302 randomly selected physicians.
Other survey findings include:

» 78% of respondents reported some use of an EHR system in 2013

» Adoption of a fully functional EHR system increased from 23.5% in 2012 to 31.1% in 2013

» Adoption of basic EHR systems increased from 39.1% in 2012 to 48.1% in 2013

» The survey showed there is a wide variance in EHR adoption among states, ranging from 66% in New Jersey to 94% in Minnesota

Source: CDC. For more information, visit cdc.gov/nchs/data/databriefs/db143.pdf

requirements can be used to enhance the information available to a physician at the point of care," Mr. Jarrell says. "But electronic medical record systems that are designed to meet regulatory requirements only will be short-lived since physicians will not adopt new processes that are not value added."

The Stage 2 requirements regarding health information exchange and care coordination may ultimately drive improved care by providing the physician with additional information upon which to make a clinical decision. The design of content within the physician's workflow is dependent on both the electronic medical record software and the design of the system during implementation.

"A well-planned implementation that takes into consideration the physician's specialty, patient load, and workflow is key to success," he says.

Mr. Cosinuke expects that many challenges will accompany the opportunities that EHRs present for pharma. For example, it is getting more difficult for pharma to reach the physi-cian outside of the workflow. EHRs provide another avenue, but cannot be used as a typical marketing channel.

"One of the opportunities of EHR for pharma companies is to get their drug information into the prescribing work flow, however, there are many other companies that are also providing that information, such as WebMD and Wolters Kluwer, and most EHRs have at least one white label service that they sub license from," Mr. Cosinuke says. "If the industry is looking at EHR as purely a marketing channel, it is going to be a very difficult time."

The channel is first and foremost a primary physician interface, and physicians may not react well to branded pharma content. EHR vendors may even be hesitant to risk their relationships with physicians by allowing pharma to provide promotional content. A second challenge lies in the fractured nature of EHRs today. Mr. Cosinuke refers to the myriad vendors and systems in the market as a "patchwork quilt." Pharma will need solutions for distributing content across a wide variety of platforms.

"It'll be much harder for pharma companies to break through unless they can get something into the physician's workflow and with such a hodgepodge of platforms, it will be difficult to get to any scale," Mr. Cosinuke says. "Nor will there ever be an ad unit for EHRs, so the message has to be more about patient compliance. EHRs are the interface for pharma to build adherence and compliance through patient education."

In the future, there will be EHR system interoperability, and the growth will resemble the early days of ecommerce, he predicts. "In five years, this will be a very big deal."

"Eventually all these systems will work and be interconnected and pharma as an expert in medication content will have a place to play, but right now, it's the Wild West," he adds.

According to Ms. Banyon, due to the current lack of inoperability of systems, the industry needs to strategically think about which vendors to partner with. This decision

THE IMPACT OF EHR ON THE INDUSTRY ▶

Meaningful Use drives the use of EHRs for physician and patient communication, but EHRs will affect the industry in many ways.

ZACH GURSKY
VP, Pharmaceutical Partnerships
Practice Fusion
Pharmaceutical companies want solutions that can deliver highly relevant messages at the point of care and the valuable insights that come from a longitudinal view of treatment decisions. The opportunity for pharma to partner meaningfully with EHRs is multifaceted, with programs that can identify trends in medications and comorbidities, drive awareness and reach at-risk patients, ensure compliance with clinical decision support guidelines, and assure adherence and track progress with treatment plans. While there are many EHRs, few have achieved critical mass, and only a couple of the largest health technology companies are seizing this opportunity.

DAN LODDER
VP of Technology Sales, Services, and Portals
McKesson Specialty Health
Greater physician EHR utilization, mainly due to legislation providing incentives to providers, is driving an increase in the generation and availability of clinical information, providing invaluable insights for pharmaceutical and biotech companies around product utilization, segmentation and targeting, comparative effectiveness, and reimbursement challenges.

Some EHRs like iKnowMed have the ability to gather data from millions of patient records, provid-ing intelligence on a significant patient population. Additionally, clinical trial recruitment is optimized within EHRs, providing physicians with a more efficient method of identifying patients who qualify for a clinical trial. For example, US Oncology Research affiliated investigators can use the information in iKnowMed to quickly identify patients for clinical trials, which is becoming more challenging with the increase in targeted therapies.

Lastly, as the complexity of treating cancer increases, EHR data sets will expand to support deeper targeted clinical information, providing a rich knowledge base that can be leveraged by pharmaceutical-biotech companies.

GANESH VEDARAJAN
Managing Principal
ZS Associates
The impact of EHRs will be felt in four places across the industry: clinical, medical, brand, and market intelligence. In clinical it is about using the data to understand the underserved patient and recruiting patients more effectively into trials. Pharma hopes to gain better insights into physicians who may be interested in referring patients into ongoing clinical trials. To some extent this EMR data will be able to more clearly identify an unmet need and better target clinical trial design.

On the medical side, the opportunity is more about gathering real-world evidence and using that to detect signals, if it's appropriate. Academic institutions are beginning to use data to develop their own guidelines for clinical care and drug manufacturers hope to understand how these guidelines are being created and potentially discover if there is a role they can play in influencing the shape of these guidelines. This is the focus of the medical affairs organizations within pharmaceutical companies.

Brand marketers are interested in using EMR as a channel now that both patients and physicians have access and it is embedded within their workflow. Physicians use it several hours each day and there is more coming in the form of a patient portal and patient communication within this channel. The industry is experimenting with several tactics where physicians can benefit from the intervention at the point of care without creating an undue interference or a distraction.

The market intelligence piece is to use EMR data as an analytics tool for a better sense of how their product is being used for a particular therapy or disease.

Several years ago, there was some evolution when claims data were made available — and the industry used it to create a much deeper understanding of physicians and prescribing behaviors. But there are natural limitations to claims data, and pharma will find that data from EMRs have much more content-rich and will provide a lot more insights about treatment patterns and drivers.

These are the four applications that I am seeing from our clients; they are all in experimental stages and there is excitement around them all.

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could depend on the product portfolio and whether it is hospital-based, specifically focused, and primary-care driven since many of the EHR vendors concentrate in specific areas.

"Cross-vendor interoperability is critically important to improving care coordination between care settings and improving clinical, process, and economic outcomes and while we are not there yet, there are several industry initiatives that will change that in the future, such as ONC-driven HL7 standards, the move to cloud-based functionality, and the CommonWell Health Alliance," she says.

Along with the fractured market, other challenges include delays in drugs being entered into EHR systems and inaccuracies in formulary information, CMI/Compas reports. There are also very few EHRs that currently allow advertising within their platforms and within those that do accept pharma content, targeting is limited or completely unavailable, according to a CMI/Compas whitepaper.

However, pharma can contribute by providing physicians with sound population health management solutions and by driving consumer awareness of the benefits of monitoring their own health improvement once on a brand, Ms. Banyon says. Currently, resources available through HealthIt.gov and the use of white label services provide general and condition specific information, and these can provide a seamless link to branded information.

Pharma's challenge becomes bringing a valued solution to an already crowded and well-equipped table. According to Andrew Gelman, senior VP, corporate development and EHR vendor relations at PDR Network, most EHRs have already implemented their MU stage 2 requirements, and pharma is trying to join a party that started more than two years ago.

The onus for providing the necessary patient education information for MU2 certification is on the EHRs, and they are now opting the "free, cheap, and easy" solution, Mr. Gelman says.

"There is no burning need for EHRs and physicians to get content or materials from pharma to satisfy MU requirements," he says. "EHRs are already getting everything they need through incumbent drug information they collect from other sources, such as the MedlinePlus."

The real opportunity for pharma lies in bringing more value and ease to both the physician and the EHR than existing solutions.

"Some of the current solutions are not optimized for the physician's workflow, and that's where there is a greater opportunity for pharma," Mr. Gelman says. "By making it easier for the physician to provide relevant information to his or her patients within the work flow, pharma can start gaining traction."

For example, the ONC vision for patient education distribution can require up to five clicks by the physician before the information is delivered to the patient. A better solution might be designed in a way that the patient education monographs go directly to a patient portal with no effort from the physician.

"If pharma wanted to sponsor one of those monographs, they can play in this world and participate in the free and easy way of supplying patient education," he says.

According to research conducted by PDR Network, two-thirds of physicians would provide more patient support materials if they were available in their EHRs. Mr. Gelman says that physicians still don't have all the information they want within their EHR, which creates an opportunity for pharma to fill those gaps.

"Pharma is actively embracing some of these solutions as ways to reach physicians," he says.

Pharma will also have opportunities to interact with patients, especially in specialty fields. In the patient-driven world of oncology, for example, pharma will want to use patient portals as a valuable tool to provide patient information.

"In oncology, it's usually the infusion nurse spending time in the EHR, not the physician, and cancer patients and their caretakers are often very active in managing their own care, more than in other disease states — so the portal equals a much more valuable tool for pharma to work within to reach these patients," Mr. Gelman says.

(For more on patient portals, see our bonus digital content.)

Designing Content That Works

Designing content for EHR messaging and patient portals is entirely different from any messaging the industry has done before. There

are many elements that must be considered within an overall larger picture. Although messaging can be targeted per prescribing habits more accurately and in real time than through claims data, the message needs to fulfill many requirements to be on the mark.

The keys to engaging EHR physicians can be summed up in the ABCs of good EHR message development — alignment, balance, and content, Mr. Gelman says.
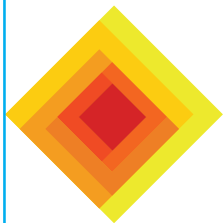
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Specialty Physician Use of EHRs

Research conducted by CMI/Compas in 2013 found that across 21 physician specialties:

» 64% would like to use patient education material functions in EHRs

» 59% would like to use new drug information

» 57% would like the ability to request free samples

» 55% would like to receive formulary updates

» 40% are currently using EHRs to check formulary information

Source: CMI/Compas. For more information, visit compasonline.com/wp-content/themes/compas/reports/CMICompas%20Whitepaper%20EHR%20July%202013.pdf

For alignment, be mindful of where in the workflow messages will appear and what the physician's primary tasks/area of focus will likely be at that point. Align messages to support those tasks whenever possible, he says.

Provide balance in the content by delivering information or resources that support the physician's workflow or otherwise provides tangible value as a counterpoint to more promotional or not immediately actionable messages. And lastly, provide high-value content that helps physicians quickly address practical information needs, presented in a clear and succinct manner, he adds.

He also encourages that meaningful use materials be designed to fit easily within the workflow of any given physician. The pharmaceutical industry needs to provide information that makes it easier and faster for physicians to provide the necessary information and the content needs to be effective in creating better outcomes for patients. The engagement should also hold value to all stakeholders — physician, patient, and pharma — by providing patient services that includes coupons, copay opportunities, deep CRM programs, even nurse call centers.

"The industry needs to provide all these elements to bring more value than the canned monograph EHRs can get for free within their system," Mr. Gelman says.

It is important to not slow the physician's workflow down, but another major priority is to be sure the content is designed around clinical quality measures (CQM), Ms. Banyon says.

In 2014, providers need to report on nine out of 64 CQMs but are highly encouraged to report on the core measures of which there are nine for adults and nine for pediatrics.

"The first step is for pharma companies to identify which of the CQMs may overlap with their product portfolios," she says. "For example, a core pediatric CQM is around follow-up care for children prescribed an ADHD medication. The baseline content needs to be payer and pharma agnostic and supported by guidelines or other evidence based medicine (EBM) resources. Branded content is appropriate postprescription and can help physicians satisfy the measure."

In order for this to work within the workflow of any given physician office, the EMR companies need to align around HL7 and support universal content that is cloud based so any practice can source the most updated, best-in-class content, Ms. Banyon adds.

Beyond streamlining the physician workload and meeting regulatory requirements, the patient education content must resonate with patients, says Jim Curtis, chief revenue officer, Remedy Health Media.

"Content needs to emotionally connect and inspire someone to take an action to better his or her health," he says. "Patient education materials that bring real patient experiences to light through telling a story can be more effective at motivating a person to improve health outcomes."

Patients are not pieces of data, they are people and when they are emotionally connected, they are more inspired, they engage more, and they are more apt to get on treatment and stay on treatment for a longer period of time," Mr. Curtis says. "It is incumbent on all of us — pharma, physicians, and publishers — to provide this inspiration to live better lives."

The content system needs to be HIPAA compliant, and Remedy Health achieves this by having the patient opt in at the physician's office and again before viewing any content.

"The industry needs to be mindful of how patients are interacting with EHR specifically and how they are going to be viewing information that comes from it," Mr. Curtis says. "Pharma manufacturers will have to innovate quickly because the mobile device/smartphone is becoming the most targeted way to reach a group of people suffering from a condition that their treatment can help."

This will entail reaching a patient with drug information in a HIPAA compliant way and Mr. Curtis says the industry is still trying to figure out how to do this.

"It's a big obstacle that the pharma industry should be working on now for the future," he says. "Because it can be done." **PV**

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Patient Portals Gain Traction
THROUGH MEANINGFUL USE

A s Stage 2 of Meaningful Use mandates more engagement between physicians and patients, patient portals provide a place for that engagement to happen. These secure online websites give patients convenient 24-hour access to personal health information from anywhere with an Internet connection. Patients using a secure username and password can view health information, such as information from recent doctor visits, discharge summaries, medications, lab results, and exchange emails with the healthcare team, order prescription refills and schedule appointments, and most importantly for meaningful use requirements, view educational materials. Designed to be a convenient one-stop site for patients to understand and manage their own health and have the ability to communicate with providers, patient portals have been found to increase patient adherence and compliance.

Kaiser Permanente and the National Institutes of Health studied 17,760 patients with diabetes and found that online patient portal access that includes the ability to refill prescriptions can raise the level of medication adherence for diabetic patients by at least 6%.

Right now, patient portals may not be the first option used by physicians and patients, since email and traditional print brochures are more familiar to both parties, but their importance will gain steadily as more physicians and patients begin to access them.

"At this time, only 5%-7% of people are even accessing patient portals," says Andrew Gelman, senior VP, corporate development and EHR vendor relations at PDR Network. "But the reality is patient portals are going to become increasingly important over the next few years."

Mr. Gelman says patient portals are only mildly valuable to the patient today and are very much at beginning stage of their functionality.

"Portals need a boatload more content that allows patients to access drug information," he says. "Monographs should not be just about risks, but about how a treatment works and why the physician prescribed it. This type of information will educate and encourage patients to stay adherent. Providing patient education information through the portal makes it more likely that the patient will refill or renew their drugs in the portal itself."

Physician use of patient portals will grow as the healthcare industry becomes more familiar with them. Mr. Gelman estimates that one out of five physicians may be utilizing a portal today, but within a year, all five will.

Portals will make attesting for meaningful use easier for physicians, as the digital capacity can expedite messaging and information.

"There are only so many other options that a physician can take in terms of providing patient education — pharma brochures, print outs, emails — however, a patient portal leverages the digital connectivity between physician and patient," Mr. Gelman says.

This system makes it easy for physicians as all they have to do is electronically prescribe the drug to set things in motion, and it is easy for patients because they are going to the portal for other activities like sending a message to the physician or setting up an appointment.

However, providing a portal does not mean that patients or providers will use it. Under Stage 2 incentive requirements, at least 5% of a physician's patients must view, download, and transit health information and send a secure private message to their provider. To ensure adequate use, part of the operational plan should include outbound pushes from an administrator and office manager reminding patients and providers about the benefits of the portal, says Olivia Banyon, founder and executive VP of the Quality Matters division of Sudler.

"A good patient portal needs to prioritize creating a total patient health experience that is convenient, simple, relevant, and transparent," she says. "It should have the ability to request appointments, manage schedules across specialties if in a large group practice or PCMH, request a refill of a prescription, talk or text with the care team including a pharmacist, nurse, or case manager."

Shared Decision Making (SDM) interactive

tools are also critical methods of providing HIT.gov-endorsed content to patients.

"MU and technology advances will show a rise in the use of the SDM process and decision aids and there is a huge marketing opportunity to make the user experience much better, more interactive, simpler, and more relevant to multiple audiences and cross-cultural health beliefs," Ms. Banyon adds. "If done right, the use of these tools can ultimately capture data from the patient and provider conversation at the point of decision making and demonstrate what product attributes or health beliefs or patient profile ultimately drove a decision to choose one product/medication/procedure over the other."

While portals will play a significant role in patient messaging, patient education, access to electronic medical records and appointment scheduling, they will not be the portals of today.

"Traditional portals will largely be replaced by mobile apps that patients use to actively engage in their care plan," says Lindsey Jarrell, principal in PwC's Health Industries. "These mobile apps can provide not only messaging and access to records, but they may also enhance patient adherence to a drug regimen or physical activity by offering a points based incentive program to engage the patient in specific activities."

In fact, according to PwC's HRI, consumers may be increasingly willing to pay for these technologies to help manage their health.

Mobile engagement apps are being developed by electronic medical record software vendors, large pharmacy retail companies, and entrepreneurs backed by venture capital companies looking to capitalize on healthcare's growth.

These patient engagement apps go beyond the typical patient and physician messaging and may include the patient's entire support system including home care, family members and pharmacists, Mr. Jarrell says. Social, mobile, analytics and cloud are technologies that are driving these new health business models. **PV**