Electronic Prescribing in Workers' Compensation — Current Trends, Barriers to Adoption, and Opportunities for Innovation

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Electronic prescribing, or e-prescribing, is a core pillar of health information technology that promises to deliver higher quality and more efficient care coordination while lowering costs for payers. Working in conjunction with electronic health records (EHR,) e-prescribing systems instantly transmit prescriptions directly from the point of prescribing to the pharmacy for dispensing.

At a fundamental level, e-prescribing creates a number of efficiencies for patients, clinicians, pharmacies, and payers alike. Transmitting the prescription instantly to the pharmacist has the potential to save time by ensuring accuracy and increasing safety by reducing errors that can result from legibility and transcription issues on paper prescriptions.
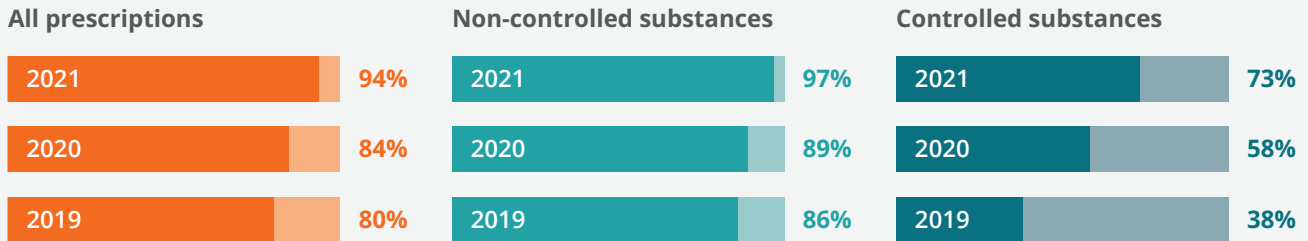
Instead of being an advancement that is just around the corner, e-prescribing has now become the primary method of facilitating retail drug therapy, at least in group health. According to Surescripts, one of the largest health information networks supporting e-prescribing, 92% of all providers in 2021 used e-prescribing in their practice.[1]

Where electronic prescribing stands today in workers' compensation

Despite growth in recent years, the workers' compensation pharmacy sector still has a tremendous opportunity to expand adoption rates for e-prescribing. Despite the growth of electronic prescribing in workers' compensation in recent years, adoption for work-related prescriptions still lags significantly behind other areas.

ADOPTION OF eRx ACROSS ALL PAYER TYPES[3]
How many prescriptions filled are electronic?

All prescriptions	Non-controlled substances	Controlled substances
2021 — 94%	2021 — 97%	2021 — 73%
2020 — 84%	2020 — 89%	2020 — 58%
2019 — 80%	2019 — 86%	2019 — 38%

Note: Surescripts estimates that 84% of prescriptions written are filled, based on information from the National Association of Chain Drug Stores.
Source: Surescripts 2021 National Progress Report[3]

There is every reason that this growth will continue and we are seeing signs that the industry will shift and catch up rapidly to other sectors. The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018 (the SUPPORT Act),[4] which went into effect on Jan. 1, 2021, requires electronic prescribing for all controlled substances under Medicare Part D. Additionally, more than half of all states are on their way to requiring that prescribers use e-prescribing for opioids, controlled substances or all prescriptions.[2] These regulations will ultimately impact workers' compensation as well.

WHERE IS eRx REQUIRED BY LAW?
How many prescriptions filled are electronic?

A Centers for Medicare & Medicaid Services (CMS) rule requiring that part D providers use EPCS took effect January 1, 2021 (pursuant to the requirements of the SUPPORT fot Patients and Commnunities Act), and state legislation continued moving forward throughout the year.

3 states passed mandates in 2021.

6 states had mandates take effect on January 1, 2021.

35 total states have now passed e-prescribing mandates.

14 states had mandates take effect during 2021.

32 states have mandates in effect as of January 2022.

75% of the U.S. population lives in states with mandates in effect.[6]

As of January 2022

- Currently required for all prescriptions
- Will be required for all prescriptions
- Currently required for all controlled substances
- Will be required for all controlled substances
- Currently required for some controlled substances (e.g. opioids, or all but Schedule V substances)
- EHR EPCS adobtion required
- Legislation in progress
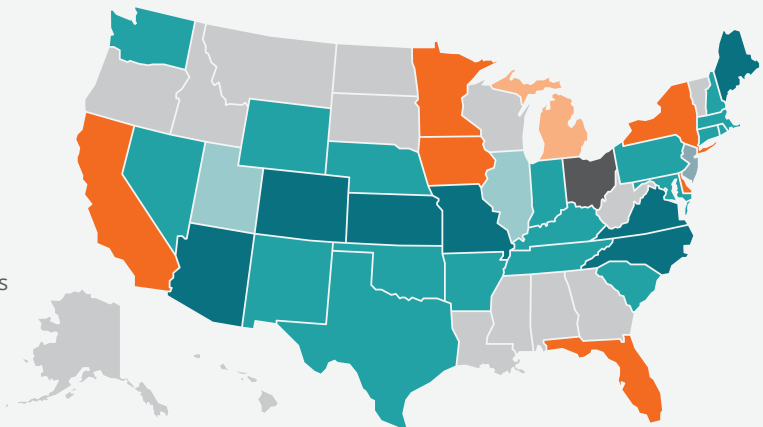
Requirements in Indiana and Washington were postponed to January 1, 2022. Michigan's requirement was postponed to January 1, 2023.
Source: Surescripts 2021 National Progress Report[3]

Continued adoption of e-prescribing is helping to achieve some basic goals for patient safety, convenience, and value to payers. But, there are also many exciting areas where innovation has the chance to address long-standing problems and inefficiencies for injured workers, pharmacists, and prescribers in the workers' compensation system. By understanding these potential benefits, as well as the barriers to adoption in several key areas, we can gain a clearer focus of what innovation in workers' compensation e-prescribing will look like.

The process today, without this capability, typically consists of a doctor writing a prescription and sending it to the pharmacy, either on paper or through current electronic systems, such as fax or e-prescribing. After receiving it, the pharmacist will review any alerts provided by the pharmacy benefit manager, such as potentially dangerous drug interactions, duplicate fills, excessive dose of potentially dangerous drugs like opioids or acetaminophen, a non-formulary drug, or a step therapy edit.

In these situations, the dispensing pharmacist has to contact the prescriber to resolve these potential issues, often after the patient has left the office. The need to review alerts and resolve discrepancies at the pharmacy level creates inefficiencies and can often increase the risk for dissatisfaction in the care process.

Delays at the pharmacy counter can be a particular concern in workers' compensation due to fear or perception of mistreatment among injured workers. Injured patients may cite delays in receiving needed drug therapy as cause for seeking out an attorney for representation on their claim.

What benefits can e-prescribing offer workers' compensation?

As discussed above, among the biggest barriers in the delivery of prescription drug benefits to injured workers are delays and inconveniences faced from intervention at the point of dispensing rather than the point of prescribing. Helping the prescriber determine which path to start on from the very beginning of the prescribing process, particularly as it relates to a workers' compensation claim, has enormous potential to streamline later parts of the process. From the outset, one important starting point for any prescription is determining coverage, whether it's group health, self-pay or workers' compensation.

In a work-related case, the prescriber should be able to know as much as possible about claim coverage right from the point of prescribing. Ideally, this should mean insights into what medications are included in state formularies, what medications are related to the workers' compensation claim, and what medications are preferred from a clinical efficacy standpoint. Electronic prescribing offers the industry the ability to move edits, alerts, and reviews from the point of dispensing to the point of prescribing in real time. While not currently in place, implementing real time benefits from the origin point of the prescription will improve quality of care, reduce costs, and limit many of the high-risk outcomes present in the current system.

With these capabilities, a prescriber may create the prescription electronically by identifying drugs preferred by the plan, based on formulary information. While still in-office with the patient, the prescriber or a representative in the prescriber's office could review any alerts or discrepancies flagged by the PBM. The prescriber could be made aware if a medication requires prior authorization, and if there are potentially dangerous drug interactions or other clinical concerns and work to make any necessary edits or changes to the prescription instantly.

The ability to respond to step-therapy alerts and make the correct edits is a major opportunity that advanced e-prescribing functions could enable. A primary concern many prescribers have in response to step therapy is around ensuring that patients, including injured workers, are not denied a medically necessary drug. By moving step-therapy edits into the prescriber's office, the prescriber could be able to ensure that the patient is receiving any drug therapy that is absolutely necessary for their diagnosis, while being fully aware of lower cost and equally effective options. This can be a crucial step toward driving the use of first-line agents as recommended by step therapy guidelines.

Another common concern that e-prescribing systems can have the capability to address is around concurrent drug utilization review. By interfacing directly at the point of prescription, real time e-prescribing could answer questions that come up during a drug review that take place while the drug is being dispensed, including ensuring accurate patient information, dosage, and other drugs.

The end result is that potential delays are resolved before the patient ever gets to the pharmacy. The prescription will be ready and waiting for them, leading to a far smoother patient experience and less administrative friction for claims professionals, the prescriber, and the PBM. Additionally, real time benefits could also help guide prescribers toward the availability of any lower-cost generic equivalents or therapeutic alternatives.

One more potential advantage to e-prescribing from a workers' comp pharmacy perspective is the ability to increase coordination of benefits with other channels. This addresses a prominent industry concern, which is coverage of drugs under workers' comp that should be paid for under group health. When the prescriber is able to identify and route coverage from the outset of care, through real time benefit technology, pharmacy benefits will be assigned to the correct payer. The first step is for the prescribing physician to validate that a particular drug therapy is for a work-related case. Along with resolving potential billing disputes, this would enable prompt clinical intervention from the workers' compensation PBM when needed.
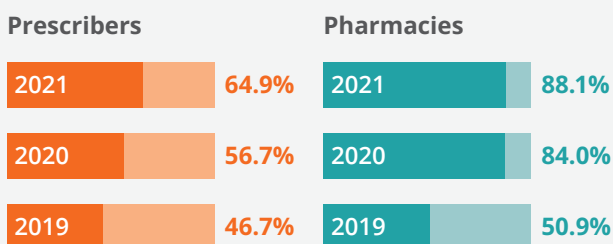
For example, a patient with work-related post-traumatic stress disorder (PTSD) is taking an antidepressant clearly related to the injury, but complains of a sports-related elbow injury while at the physician's office. The physician writes a prescription for a generic pain reliever that is commonly used in workers' compensation. The prescriptions are sent to the pharmacy, and both could potentially appear to be prescriptions covered under workers' comp. Through enhanced e-prescribing capabilities and functions, the platform can make it easier to select and route the appropriate coverage type at the point of prescribing.

Canceling and changing prescriptions are two specific core functions possible through e-prescribing systems that can have tremendous benefits when implemented in workers' compensation pharmacy plans. For example, Surescripts, through the expansive network of EHR technologies, currently delivers this capability in the form of the RxChange and CancelRx functions. The RxChange function would in turn allow a pharmacy to send a request back to the prescriber if there is a need for a change to the prescription and receive instant updates. Along with enabling quicker fulfillment of patient requests at the pharmacy, these revisions could also involve the PBM working with the prescriber to approve a request such as a prior authorization review. The CancelRx transaction enables direct and instant communication with the pharmacy when a prescriber discontinues a medication. This prevents prescriptions from continuing to refill after a prescriber intends to discontinue their use, which can have cost and safety implications.
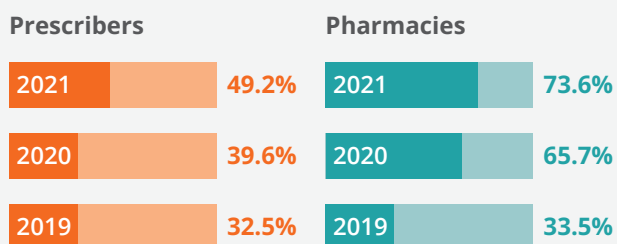
USE OF CancelRx AND RxChange

The Superscripts Network Alliance made e-prescribing even more efficient in 2021 with significant increases in the use of CancelRx and RxChange. These transitions make it easy to cancel a prescription, suggest an alternative, or request that a prescriber initiate prior authorization.

CancelRx enablement

Prescribers

2021	64.9%
2020	56.7%
2019	46.7%

Pharmacies

2021	88.1%
2020	84.0%
2019	50.9%

RxChange enablement

Prescribers

2021	49.2%
2020	39.6%
2019	32.5%

Pharmacies

2021	73.6%
2020	65.7%
2019	33.5%

Source: Surescripts 2021 National Progress Report[3]

Potential barriers to adoption: prescriber and pharmacist perspectives

Successfully implementing e-prescribing programs that go beyond electronically transmitting the prescription and achieve the more advanced capabilities discussed above will require a number of shifting roles. Foremost among these anticipated changes will be evolving roles for both prescribers and pharmacists. As real time review and pharmacy benefits capabilities penetrate further into the market, both professions will be faced with questions about the scope and focus of their roles.

From a prescriber standpoint in workers' compensation, enhanced e-prescribing processes will require physicians to accept an increased role as a pharmacology expert. By moving pharmacy review to the point of prescribing, physicians will increasingly find themselves resolving dangerous drug interactions, coordinating with other prescribers to eliminate duplicate therapy, addressing prior authorization requests, and reviewing and accepting step therapy recommendations. Asking if often already overloaded physicians will be willing to accept this extra work is a natural question, and one that could very reasonably be seen as a barrier to adoption.

A reality for physicians is they are already encountering most if not all of these situations on a reactive basis. Under the current model, alerts must ultimately be resolved by the physician in most cases. Many practices will authorize agents, such as a nurse, to answer pharmacy and prescription-related questions for the physician, ranging from refills to drug interactions to step therapy.

Enhanced e-prescribing systems can offer physicians the ability to manage these questions on a more proactive basis. Instead of adding workload, it will streamline the increasing number of pharmacy-related tasks they already encounter, and prevent potential issues further upstream, including prior authorization requests and step therapy edits.

On the pharmacy side, an equally understandable emerging question will be how this role will fit into an advanced e-prescribing model. If many of the pharmacy-related alert and review tasks are addressed at the point of prescribing instead of the pharmacy counter, and the prescription is ready for pickup when the patient arrives, how much will this change the role of the pharmacist at the retail level?

In the health care industry, and especially the pharmaceutical sector, there is already a clear understanding that the role of the dispensing pharmacist is changing. Mail order pharmacy is currently a highly automated process, and there are strong indications that retail pharmacy will be adopting many of the same processes in the near future. With these shifts in role and demand, there will be a range of opportunities for the knowledge and skills that clinical pharmacists possess.

As an example, the clinical pharmacy teams that work for myMatrixx do not dispense medications, but instead take on a clinical pharmacy advisory capacity. These consultant pharmacists perform clinical review and interventions that are in fact in-line with the training and education they receive from completing a doctor of pharmacy degree. In many situations, these recommendations and interventions can be potentially lifesaving. There is also tremendous opportunity for pharmacists to transition into sites of care, including clinics and doctors' offices, acting in a collaborative role with physicians at the point of prescribing. This model is already currently in place in many hospitals, where clinical pharmacists make rounds with attending physicians and make recommendations for appropriate drug therapy.

What e-prescribing innovation can look like

As highlighted above, the group health sector has implemented e-prescribing, including more enhanced prescriber review capabilities and functions, at a faster rate than workers' compensation. There is already a growing collection of data that shows the potential advantages and upsides that these innovations can bring to physicians, pharmacists, and patients. In fact, according to data from Surescripts, eligibility and formulary use when prescribing medications has been used by 1.89 million healthcare professionals and organizations in 2021, a number 8% higher than previous years.[1] Additionally, there is a trend toward reduced median wait time for prior authorization decisions by two-thirds and medication turnaround time by two days, or 4.66%.[5]

The Surescripts Network Alliance was created to enable core electronic transmission of prescriptions to the pharmacy, while simultaneously meeting the need to provide both the prescriber and the pharmacist key information that could impact prescribing and treatment decisions. This objective dovetails perfectly with the role of a PBM to deliver affordable, safe, outcomes for prescription benefit plan coverage through governance and clinical oversight. By building relationships with PBMs, including investments from Express Scripts and myMatrixx, an e-prescribing network such as Surescripts can be the vehicle for transferring critical workers' comp-related knowledge and services to physicians and pharmacists.

The upsides we have seen for e-prescribing — with advanced functionality to inform and arm prescribers and pharmacists in group health with benefit insights — can create more effective paths to treatment and speed time to therapy. Care decisions are already being positively impacted by insights prescribers and pharmacists are receiving at the point of prescribing and dispensing. As we look to implement these capabilities in the workers' compensation industry, a collaborative and integrated approach that joins together PBMs, e-prescribing organizations, prescribing physicians, and pharmacists can leverage the data and processes needed to deliver highly effective and safe drug therapy, an improved patient experience, clinical efficiency, and reduced drug costs.

Sources

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