An EHR Overview for Pharma Marketers

April 2018

EHR Overview

The Electronic Healthcare Record (EHR) is used by the provider and their staff to manage a broad range of patient care, such as administrative, lab test ordering/reporting, prescribing, and patient communication. A complete system includes both patient health records and an e-prescribing interface. According to CMI/Compas Media Vitals™ research, 88% of physicians report using EHR technologies. 2017 Media Vitals data also show Epic to be the most widely used EHR system with 34% of HCPs using it, followed by Cerner and Allscripts, with 13% and 12% of adoption respectively. Since 2016, Epic gained another 2% in adoption, Cerner and Allscripts remained relatively flat. Manhattan Research indicates that average use is 4.3 hours per day – up from 3.3 hours per day from two years ago (2017).

The uptake of EHR use has been primarily driven by federal and state legislations that require e-prescribing and offer financial incentives or levy penalties correlated to use. These include The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 and The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). Over time, stricter requirements for EHR adherence are introduced: moving from data capture and sharing towards advanced clinical processes and improved outcomes. As adoption increases and EHR capabilities expand, so do opportunities for Pharma promotional messaging, including increased availability of sponsored clinical decision support tools and adherence program integration.

> "**88%** of **physicians report using EHR technologies**"

Opportunities for Pharma

EHRs offer Pharma an additional channel to reach HCPs within their workflow. They also offer an opportunity to provide additional tools and resources to physicians at a time when they are prescribing. Healthcare providers inclusive of nurses, office staff, and administrators use an EHR system throughout their day for everything practice management related. This can include scheduling, inventory management, and in some instances even payroll. For example, Cleveland Clinic utilizes the EHR for staff clock in and out functions. Physicians also utilize the EHR in the exam room with the patient present. EHR system functions include ICD9/ICD10 coding look up, electronic prescribing, entering clinical notes, and viewing and ordering lab results.

An opportunity exists for Pharma to integrate during two key moments: 1) to influence the prescribing decision within the health records or **2)** reinforce the prescribing decision within the e-prescribing interface. Integration can help a brand to stay top-of-mind and offer competitive advantages by addressing specific barriers to treatment such as dosing or cost or increasing awareness of support services. While not all EHRs allow for Pharma integration, those that do still account for a large percentage of the physician and patient population.

> **"Physicians also use the EHR in the exam room with the patient present."**

Opportunities to influence the prescribing decision include both advertising and technology solutions. Banners within either the administrative or consultation workflow may act as awareness or reminder messages or assist in identifying appropriate patients. They can typically be targeted by physician specialty, target list, geography, past prescribing behavior, patient demographic, current therapy, or patient diagnosis (ICD10). Technology solutions are usually implemented at an institution level and include product availability checks and decision support services.

CMi Compas Inc.

Opportunities to reinforce the prescribing decision and promote adherence include:

- Banner ads within the e-prescribing interface triggered by selected therapy and potentially layering geographic, access, or diagnosis targeting

- Integration of e-coupons, enrollment forms, or printed patient education materials

- Prior-authorization assistance technologies

- Closed-loop pharmacy programs

- Discharge paper sponsorships

This creates a unique occasion to have a branded presence during the point of encounter between physicians and patients. Offering support materials also fulfills a primary request that physicians are making of Pharma as it relates to EHR integration.

Looking Ahead

As the focus of EHR requirements shifts towards more rigorous health information exchange (HIE), increased requirements for prescribing, and electronic transmission of patient care summaries across multiple settings, partners are beginning to enable advanced workflow functionality. As mentioned above, this includes offerings such as auto-enrollment in patient adherence programs or population of prior authorization forms. Currently pockets of availability exist but scale is limited. Emphasis on improving outcomes through decision support tools and patient access to self-management tools is also increasing. Capabilities exist to enable clinical decision support messaging/alerts based on available clinical guidelines and triggered by the patient population of a particular provider. Application for marketing is limited as current messaging is restricted to approved third party medical guidelines (associations, payers, government). One challenge that comes along with the need for

"**77%** of physicians report interest in utilizing virtual assistance software."

patient care summaries is the increased demand on physician's time to enter the information into the EHR system. However, the development of voice assistants such Siri and Alexa as well as voice-to-text transcription services have a potential to ease the physician's work load as they become integrated in to EHR systems. According to CMI/Compas Media Vitals™ research, 77% of physicians report interest in utilizing virtual assistance software such as transcription. EHR, technology, or communication providers that can provide voice-to-text solutions will likely be met with a growing and engaged audience – a win for both the vendor and any Pharma marketers they are partnering with.

CMI Compas Inc.

"The biggest challenge for Pharma marketers is the fragmented EHR market."

Overcoming Challenges to Marketing within EHRs

The biggest challenge for Pharma marketers is the fragmented EHR market. The largest EHRs do not have a business model that supports advertising. Advertising is typically not a component of their revenue streams as their primary custom is the physician or hospital who then "owns" the system and is able to customize the implementation. The systems are not web-based but hosted locally, in a manner not conducive to traditional digital ad serving. Within those smaller EHRs that do accept Pharma content, targeting and reporting capabilities remain limited. In response, Pharma must find efficient solutions for distributing content across a wide variety of platforms. This need has led to the rise of EHR networks -- software service companies that specialize in healthcare information management are embedding their technologies into EHRs and physician workflows

to help meet the demands of their end users including clinical messaging, e-prescribing, e-prior authorization, etc. Because a number of EHRs utilize their services, they are able to integrate with Pharma in a "network" capacity, offering a scale that is unattainable through most direct partnerships. Additionally, communications companies aggregate both EHRs and the software service companies in order to provide an even greater scale and standardize offerings. Capabilities and partnerships will likely evolve as market consolidation continues and EHRs join or leave aggregator networks. Allscripts recently acquired both Practice Fusion, a well-established and advertising-funded EHR platform, and McKesson, which has traditionally limited promotion to trigger based emails to oncologists out of their iKnowMed EHR. Time will tell how the business models and promotional offerings of each evolve.

CMi   Compas Inc.

Another challenge is the delay in drugs being entered into EHR systems as well as inaccuracies in formulary information, both of which may be solved through the rise of partners specializing in compendium management. One partner offering this service is OptimizeRx, who has established a formal drug file integration process where they work directly with the compendia to ensure a drug is available across large health systems quickly. The uptake of patient portals has been slower than expected. A 2017 survey by Medical Group Management Association revealed that patient portal usage varies by practice type and specialty with physician-owned primary care offices seeing the most use – by 35% of patients (Health Care Informatics, September 2017).

Because of this, the media opportunities within portals that we expected are not yet widely available. However, similar to the auto-enrollment or clinical decision support functions, those offerings that are available should be viewed as pilot programs to build learnings for future applications.

Finally, CMI/Compas expects increased advertising regulations within EHRs in the coming years. Many states have pending or have passed legislation that restricts the use of advertising in the e-prescribing workflow. As a result, it is important when executing promotional programs to carefully review contractual language and ensure the suppliers are thoroughly up to date on current regulations.

CMI/Compas Recommendations

CMI/Compas recommends approaching the EHR space as a completely unique digital channel. Specifically, EHRs require a strategy distinct from display media. Context is an advantage with EHRs over most digital channels. When a HCP is reached in a clinical prescribing environment, the opportunity to impact behavior is greater. We recommend prioritizing the moment within either the health records or e-prescribing interface that is most meaningful based on brand objective. Consider partners based on their capability in addressing that moment. Further refine by utilizing CMI/Compas' proprietary ByDoctor® database or Media Vitals survey data to match target physicians or segments to their respective EHRs. Maintain awareness of state laws and as always utilize caution in advertising prior to the prescribing decision, whether within a dedicated prescribing software or an EHR that may be linked to

> **"over 80% of prescribers indicated that in-EHR messaging was useful when done properly."**

prescribing software. Content of Pharma messaging within this channel should be valuable and clinically relevant. In the ConnectiveRx (formerly PDR) Prescriber EHR Message Survey, over 80% of prescribers indicated that in-EHR messaging was useful when done properly. A broad range of messages were perceived as having utility; national managed care coverage, less frequent administration and new clinical data were among the most useful ones to physicians. Clear and concise messages work better in an EHR system.

CMI/Compas recognizes that as we see a growing need for physician-patient engagement, Pharma needs to strategize ways to optimize this relationship. The EHR platform is less about bombarding HCPs with traditional media and brand messaging, and instead about providing physicians beneficial tools for their practice and patients. The physician needs to see a value in what the Pharma message is offering in order to engage. We also recommend developing a measurement strategy specific to this channel.

The challenge in measuring success of EHRs is that they cannot be directly compared to other electronic media. We recommend conducting test and control studies to see the impact of EHR advertising on physician script-writing. CMI/Compas is actively working with our supplier partners to make sure their data sharing solutions are compatible with both the changing EHR landscape and the needs of our pharmaceutical clients.
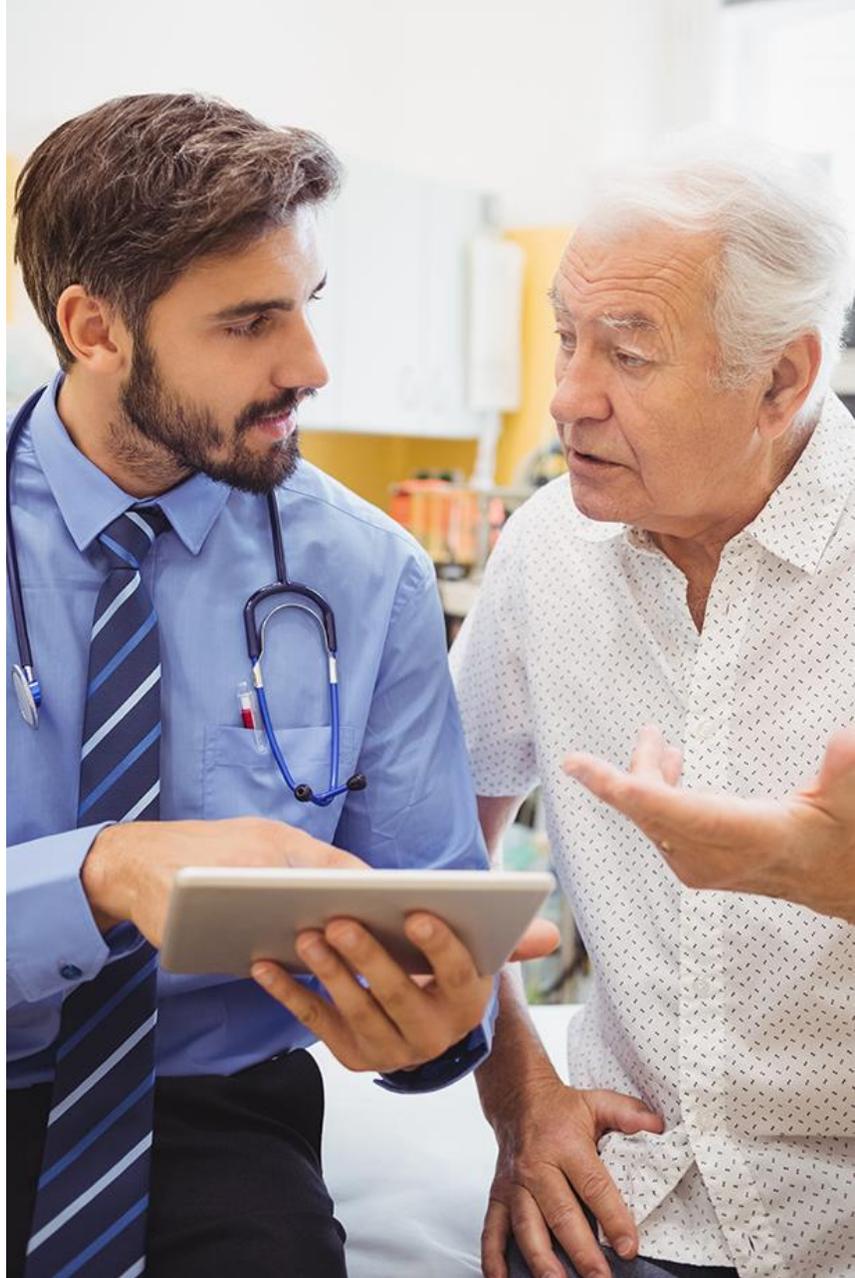
Analyst

Kristen Kohler
Media Director
CMI Media

Contributor

Angelo Campano
Vice President, Customer Experience
Ogilvy CommonHealth Worldwide