

# Implementing a Successful Electronic Prior Authorization Solution

Eliminating Barriers to Workflow Integration for New Technology

**HiMSS**

**CENTRAL & SOUTHERN OHIO** *Chapter*



# About CoverMyMeds

Founded in 2008, CoverMyMeds is the nation's largest and most connected electronic prior authorization (ePA) solution. We help patients receive the medication they need to live healthy lives by automating the prior authorization (PA) process, saving health care professionals valuable time and reducing prescription abandonment.

CoverMyMeds integrates directly within prescriber and pharmacists' existing workflows as well as with health plans and payers to allow for near immediate determinations. More than 700,000 providers and over 49,000 pharmacies currently process ePA requests through the CoverMyMeds web portal, as well as via their electronic health record (EHR) or pharmacy system vendor. Our technology integrates with more than 500 EHR vendors, 80 percent of pharmacy system vendors and payers representing 8- percent of U.S. prescription volume. Providers using our solution successfully process more than 1.6 million PA requests every month.

[www.covermymeds.com](http://www.covermymeds.com)



# Caitlin Graham, Director, Provider Engagement, CoverMyMeds



Caitlin leads the provider account management, implementation and analytics teams for CoverMyMeds. She's responsible for CoverMyMeds' EHR (electronic health record) vendor and health system partnerships. Caitlin has been part of the CoverMyMeds team for over five years. During that time, she advised some of the top health systems in the U.S., launched CoverMyMeds' first EHR partnerships and helped grow the CoverMyMeds platform to over 700,000 users.

Caitlin is an active member of HIMSS (Health Information Management Systems Society) and recently became the Marketing Chair of CSOHIMSS. She is a wellness advocate and passionate supporter of CoverMyMeds' mission to get patients the medication they need to live healthy lives.

# Brian Kolligian, CarePATH Ambulatory Team Lead Manager, Mercy Health



Brian started at Mercy Health as an Application Coordinator on the Inpatient Epic team, later becoming an Inpatient Manager and part of the world's fastest implementation schedule (Epic) and currently as the Ambulatory Team Lead Manager for Epic software at Mercy Health.

Mercy Health had over 5 million encounters in the past year at more than 450 places of care including, 23 hospitals, seven senior health and housing facilities and seven home health agencies throughout OH and KY. Mercy is the largest health care provider in Ohio and one of the largest in the country, with over 1,300 employed providers and more than 34,000 employees. Brian has over 10 years of health care experience working with business and clinical IT applications and holds a Masters of Health Care Administration from Ohio University.

# Learning Objectives

1. Explain the reasoning behind the barriers to adopting a new procedure in the workplace
2. Identify what training procedures your business currently has in place ensuring easy adoption of improved solutions
3. Develop a rollout plan for a smooth implementation rollout of new technology solutions

# Implementing New Technology in Provider Setting

# Why Implement A New Technology?



Streamlined workflow for staff, often enhancing current technologies implemented

---



More visibility into notes and documentation made by other participants

---



Connected network communicating without fax, phone and other archaic methods of communication

---



Faster response times and insight into current status of process

# Dependencies For Technology Adoption



A growing number of new technologies are becoming available within health care that can improve the quality of care, reduce costs and enhance working conditions.



# Determinants



The success of transitioning from one phase to the next highly depends on several critical determinants:

- The innovation itself
- The (potential) user of the technology
- The organization
- Socio-political context

# Critical Determinants

## The Innovation Itself

- Involve users in the selection process for the innovation
- Gauge perceived complexity of the innovation
- Establish relative benefits compared to current process

## The (Potential) User of the Technology

- Knowledge or skills needed to use the technology
- Outcome expectations or perceived support by colleagues or management

# Critical Determinants

## The Organization

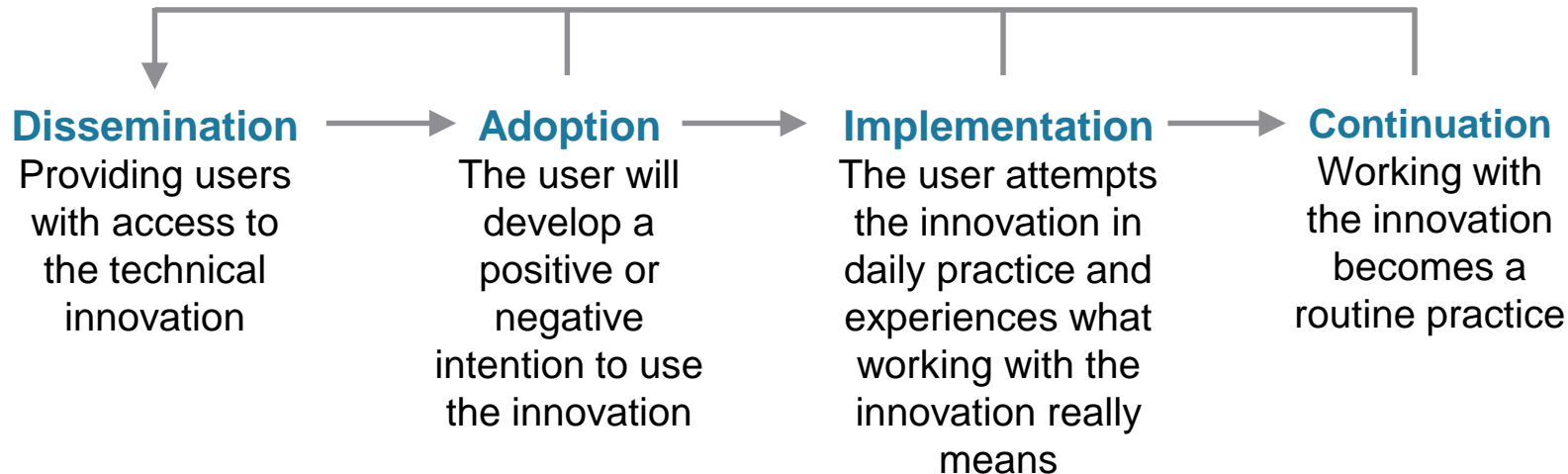
- Staff turnover/capacity
- Resource allocation or decision making process in the organization

## The Socio-Political Context

- State mandates to be followed
- Company policy to be followed
- Up-front incentives to be claimed

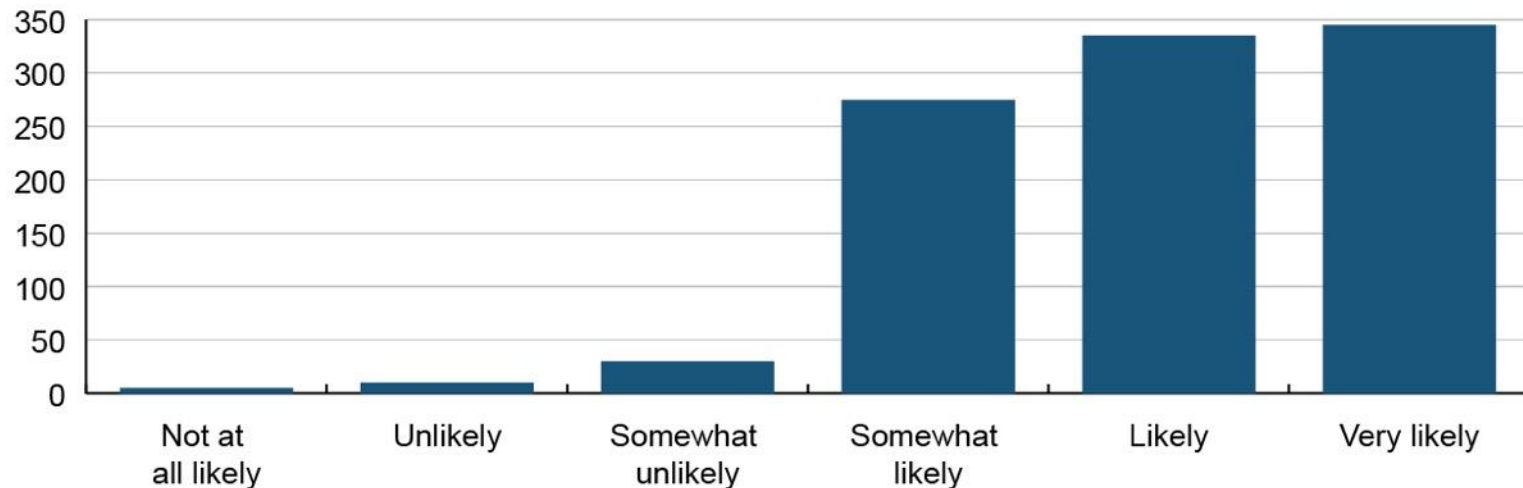
# Determinants Drive Process

## Innovation Process



# Likelihood of New Technology Use by Health Care Professionals

Survey Question: How likely are you to try new technology?

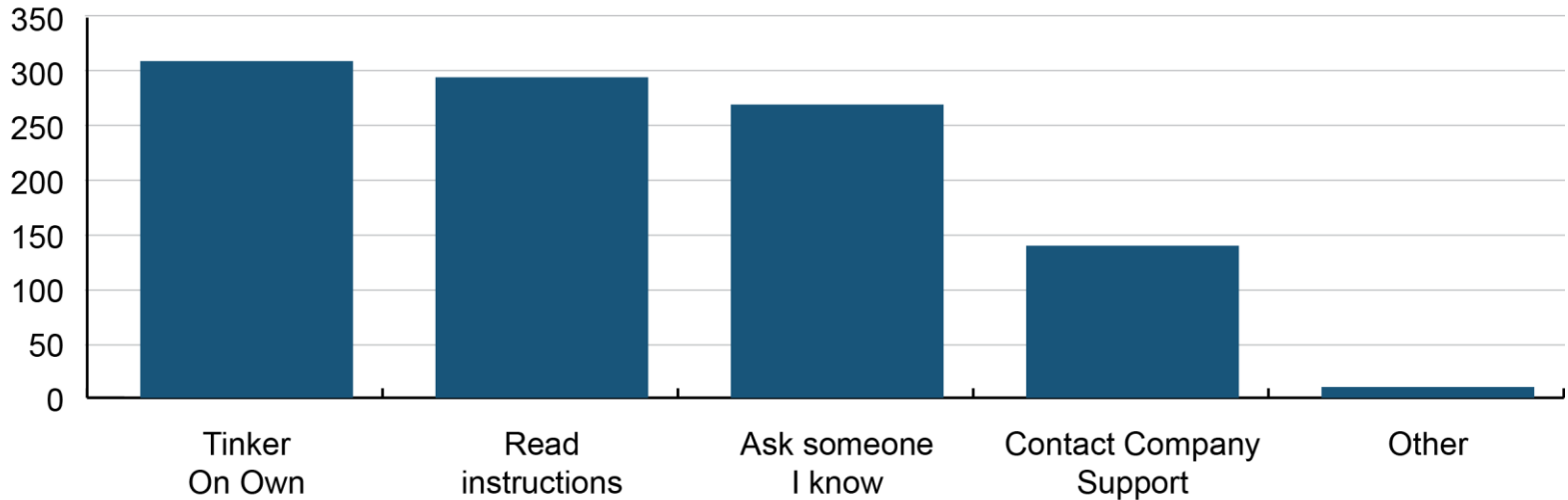


## Key Take-Aways:

- **95% of respondents** were on the positive side of the spectrum of likelihood to try new technology
- Results likely influenced by **social desirability** and **non-response bias**

# Learning New Technology

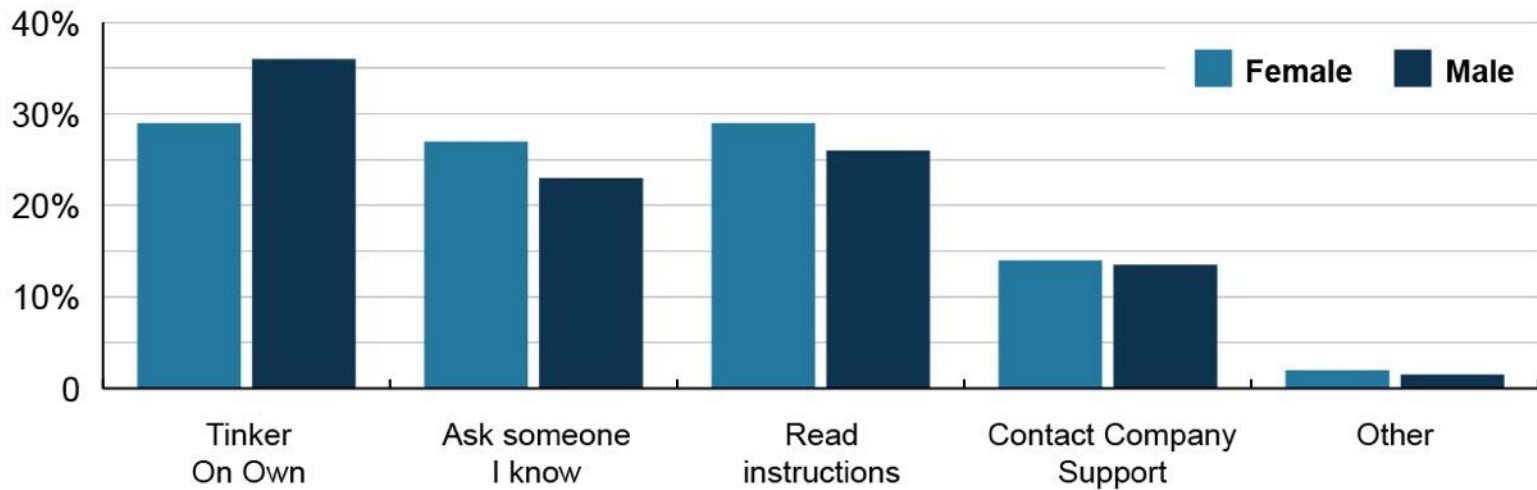
**Survey Question: What best describes your approach to learning new technology?**



**Key Take-Away:** “Tinkering on own” and “reading instructions” are the most frequently selected approaches to learning technology overall

# Learning New Technology by Gender

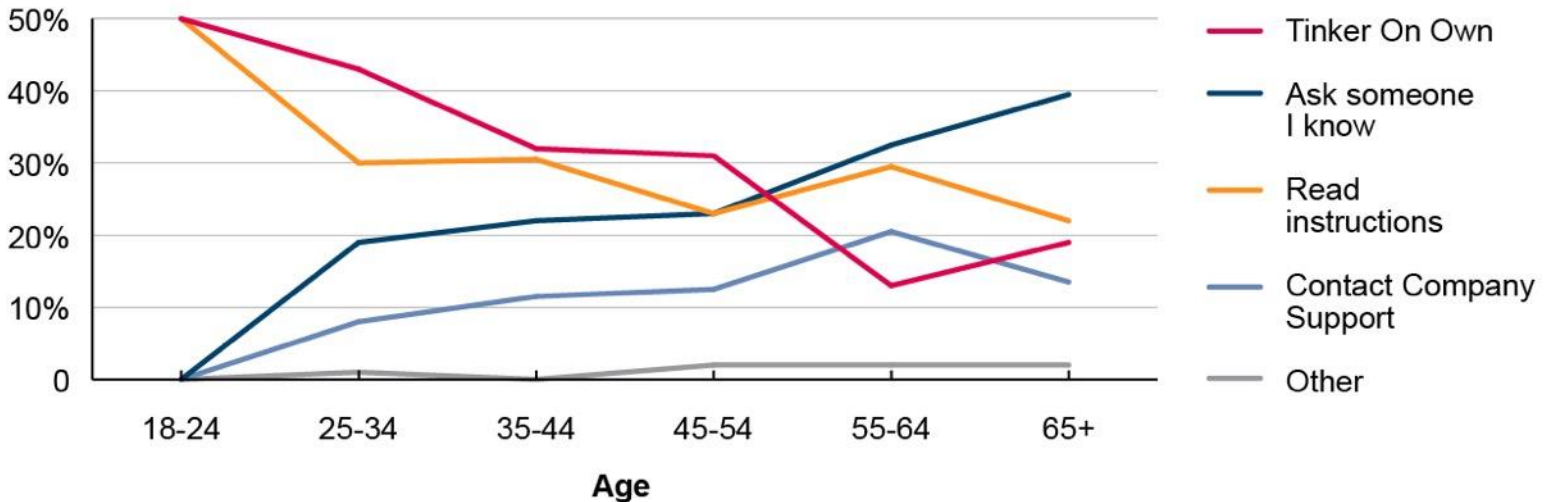
**Survey Question: What best describes your approach to learning new technology?**



**Key Take-Away:** Male respondents selected “tinkering on own” at a greater proportion than female respondents

# Learning New Technology by Age

**Survey Question: What best describes your approach to learning new technology?**



## Key Take-Aways:

- Preferences for “tinkering on own” decrease with age
- Asking for help (either from someone you know or via company support) increases with age



# Setting up an Implementation Process for ePA

# Barriers to ePA Adoption



- Change in workflow/routine
- Lack of technological skills
- Learning curve for how process works
- Uncertainty of what to expect

# Setting Up a Successful Implementation: Pre-Work



- Establish the need and create a baseline
- Create a resource bank
- Your front line is your best asset
- Leverage data to drive home value

# Establish the Need and Create a Baseline



## Examples:

- Reduce hours spent on manual PA
- Limit administrative waste in your health system
- Reduce prescription abandonment
- Eliminate duplicate tasks

# Create a Resource Bank

**Determine the most important tools to put on place.**

**Do this by:**

- Identifying where the pain points are in the process
- Anticipate assistance that will be needed

**Example:** If staff is not comfortable using technology, they won't be comfortable using online resources to train on a new solution. Creating printed reference guides for their workstations will alleviate this barrier.

# Your Front Line is Your Best Asset

**Your users have already considered a solution to the problem being addressed.**

- Once the existing process has been established, leverage their ideas to discover how they would solve this problem if they had the ability to do so.
- Creates buy-in by discussing the thought process behind the new technology being implemented and identifying the bottleneck for adoption.
- You may even gain some insight to implement on future product development, or identify “super users” who are already on board with the new process, encouraging others to adopt.

# Leverage Data to Drive Home Value

## Data overload is a real thing.

- Translate results in a way that will show cause and effect of your users' work; paint a real-life picture.
- Share the number of PA requests that were submitted and consequently received a determination. This will identify the number of patients that were able to begin their therapy who otherwise might still be waiting for (or abandoning) their medication.

# Tactical Rollout Plan



- Create project prerequisite checklist
- Establish time commitment and timeline
- Identify a project lead
- Create training and education strategy



# Project Prerequisite Checklist

Completed	Task
<input type="checkbox"/>	Complete and sign pre-project documents: <ul style="list-style-type: none"><li>• Business Associate Agreement</li><li>• Master Level Service Agreement and Statement of Work</li><li>• Security Questionnaire (if required)</li></ul>
<input type="checkbox"/>	Work with Information Security Team to address any concerns or security reviews
<input type="checkbox"/>	Set up product demonstration for key stakeholders in rollout process
<input type="checkbox"/>	Review business version of end user guide

# Establish Time Commitment and Timeline

## Stage 1: Prerequisites

- Contracting: 1-2 months
- Security Review, Q&A: 1-2 hours (optional)

## Stage 2: Implementation

- Stakeholder Meeting: 1-2 hours
- Planning: 2-4 hours, will vary based on size
- Communication and Education about rollout; varies based on size
- Training: Dependent on training resources chosen
  - Options include webinars, on-site computer training, on-site presentation training and train the trainers classroom training

## Stage 3: Go-Live

## Stage 4: Post Go-Live

- Ongoing support, maintenance and reporting calls

# Identify A Project Lead



It's important to find the correct candidate within your organization to manage your solution rollout. The ideal candidate has a background in organizational and/ or project management, is familiar with operations and has a thorough understanding of the process. In the examples moving forward, this will be for the prior authorization (PA) process.

# Project Manager Responsibilities

- Serve as the primary point of contact for vendor
- Champion the process by using the technology
- Gather list of location site addresses and contact information
- Liaison between vendor and locations
- Communicate project initiatives to the relevant staff members organization-wide
- Develop, organize and implement a training plan in conjunction with the vendor's account manager
- Distribute education and training materials
- Assist account manager in setting up end-user "groups"
- Hold ongoing reporting and status calls with account manager

# Create Training & Education Strategy



Training should be customized to fit your organization's needs. It is strongly recommended to leverage any current Learning Management System (LMS) and current education and training processes your organization has.

# Webinars



## Ideal For:

- Individual Training
- Offices needing extra training after on-site training sessions
- Supplemental training for new users after a rollout

Planning: 2 hours

Executing: 1 hour

Post-Training: 1 hour

**Total Time: 4 hours**

# On-Site Computer Training



Vendor comes on-site for a short demonstration on an office computer and assists staff with creating accounts and submitting PA requests.

## Ideal For:

- Training small groups of five or less
- Offices without access to projectors or meeting rooms
- Rolling out the solution to one department

Planning: 2 hours

Executing: 2 hours

Post-Training: 2 hours

**Total Time: 6 hours**

# On-Site Presentation Training



Vendor comes on-site to provide a short demonstration via a projector screen in a meeting room and assists the staff with creating accounts and submitting PA requests

## **Ideal For:**

- Training small groups of six to 24
- Offices with access to projectors and a meeting room
- Rolling out the solution to several different departments

Planning: 3 hours

Executing: 3 hours

Post-Training: 2 hours

**Total Time: 8 hours**



# Train the Trainers Classroom Training



Identify a “Champion” that is trained by vendor’s staff who would then train their respective departments.

## Ideal For:

- Training large groups 25+
- Offices with projectors and large meeting rooms or classroom style rooms
- Enterprise rollouts

Planning: 6 hours

Executing: 5 hours

Post-Training: 3 hours

**Total Time: 14 hours**

# Electronic Prior Authorization Implementation Tips

- Focus on training staff members who are actively managing PA requests as part of their role
- In prescriber setting, obtain corporate approval for clinical staff to sign off on PA requests. Since the prescriber has authorized the signature on the prescription, any authorized individual from the office can sign the request.
- Consider a Centralized PA function in your organization to free up nurses and staff for patient care

# Sample Implementation Checklist

STAGE	DELIVERABLE	OWNER	DUE	COMPLETE
●	Business Associate Agreement (BAA)	Both		<input type="checkbox"/>
●	Master Level Service Agreement and Statement of Work	Both		<input type="checkbox"/>
●	Privacy/compliance discussion (optional)	Both		<input type="checkbox"/>
●	Internet browser check (ensures best end user experience)	Client		<input type="checkbox"/>
●	Project team/lead assigned	Client		<input type="checkbox"/>
●	Project scope defined	Both		<input type="checkbox"/>
●	Training strategy finalized	Both		<input type="checkbox"/>

● Pre-Rollout      ● Rollout      ● Post-Rollout

# Sample Implementation Checklist

STAGE	DELIVERABLE	OWNER	DUE	COMPLETE
●	List of physical practice locations/ contact list	Both		<input type="checkbox"/>
●	Training and go-live scheduled	Client		<input type="checkbox"/>
●	Training manuals printed	Both		<input type="checkbox"/>
●	Training executed	CoverMyMeds		<input type="checkbox"/>
●	Individual user accounts created	Both		<input type="checkbox"/>
●	User groups created, allowing for sharing between users	Client		<input type="checkbox"/>
●	Post-Implementation Reporting Meeting(s) Scheduled	CoverMyMeds		<input type="checkbox"/>
●	Gather Reporting Requirements	Both		<input type="checkbox"/>

● Pre-Rollout    ● Rollout    ● Post-Rollout

# Mercy Health's Prospective ePA Solution

# Background

Working in conjunction with Mercy Health, CoverMyMeds implemented their electronic prior authorization (ePA) solution through an integration with the electronic health record (EHR) vendor, Epic.



**Implementation:** CoverMyMeds and Mercy Health created an implementation plan to roll out their integrated solution.



**Timeline:** CoverMyMeds collaborated with Mercy Health to build a tailored timeline.



**Project Plan:** CoverMyMeds provided a custom project plan specific to the Mercy Health team's needs.

# Best Practices

## Core Build

- Utilization of CoverMyMeds' "Auto Search Patient's Payer" as default
- Completion of CoverMyMeds' PA Detail
- Transmission of the prescription upon prescriber signature

## Go Live

- Pilot launch with 30 to 50 NPIs to ensure enough volume to account for various workflows.
- Run the pilot for four to six weeks.
- CoverMyMeds is available to assist with on-site or remote training.
- CoverMyMeds team can provide elbow support to clinics as they go live.

# Adoption Strategy

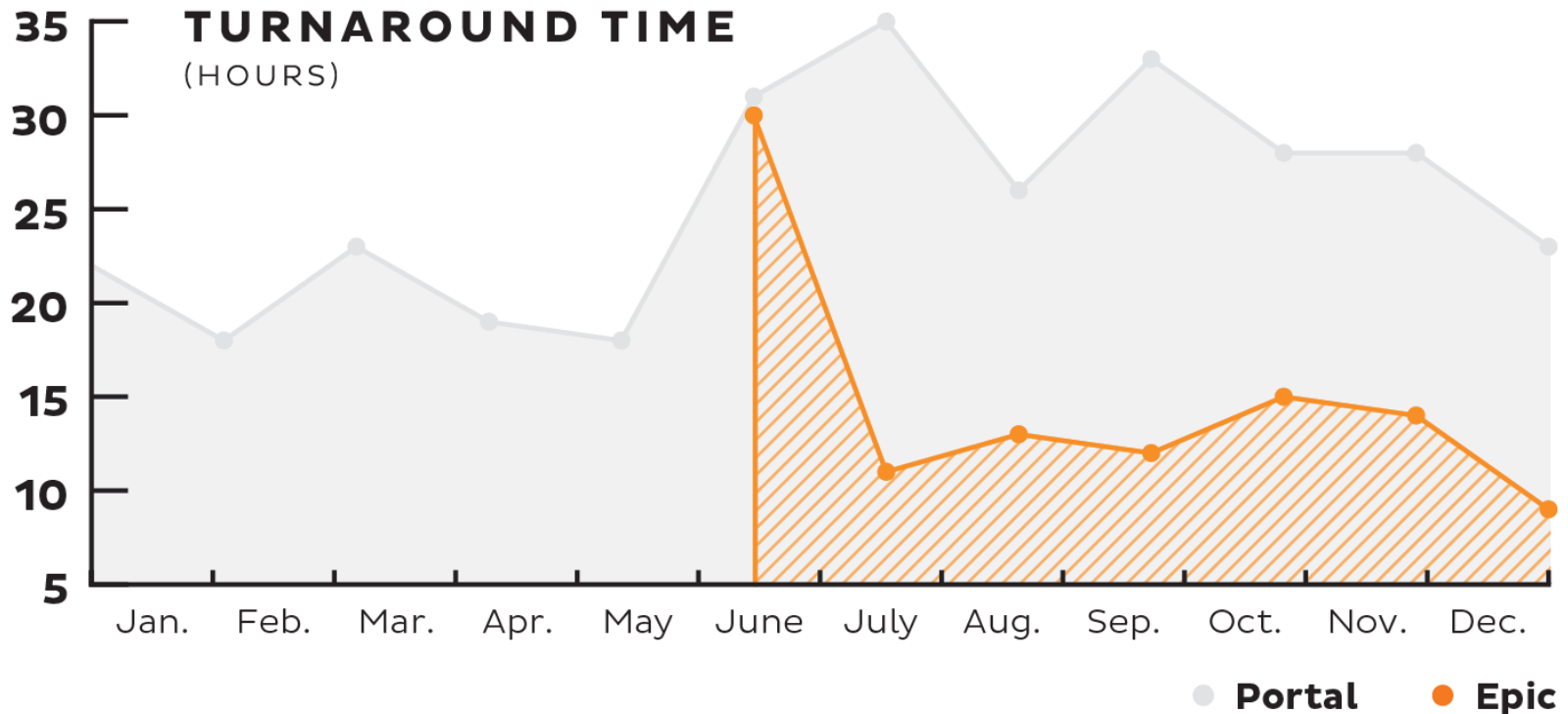


- Craft a staggered rollout approach to ensure comprehensive training is provided to each user.
- Distribute messaging to all staff impacted by ePA, increasing awareness of the new functionality and in-workflow messaging.
- Most importantly, implementing a robust training and communication plan.



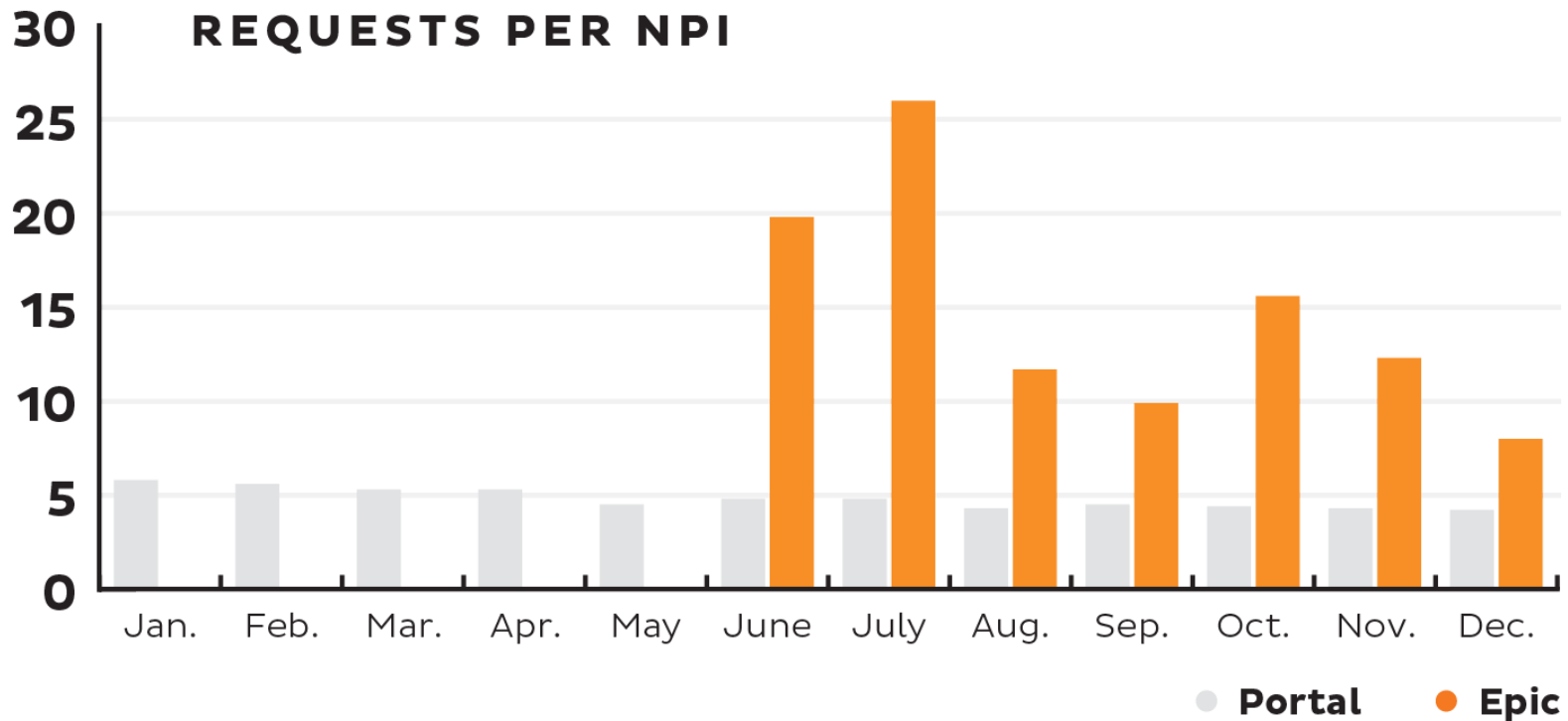
# Results

Time to PA determination **decreased by 39%**.



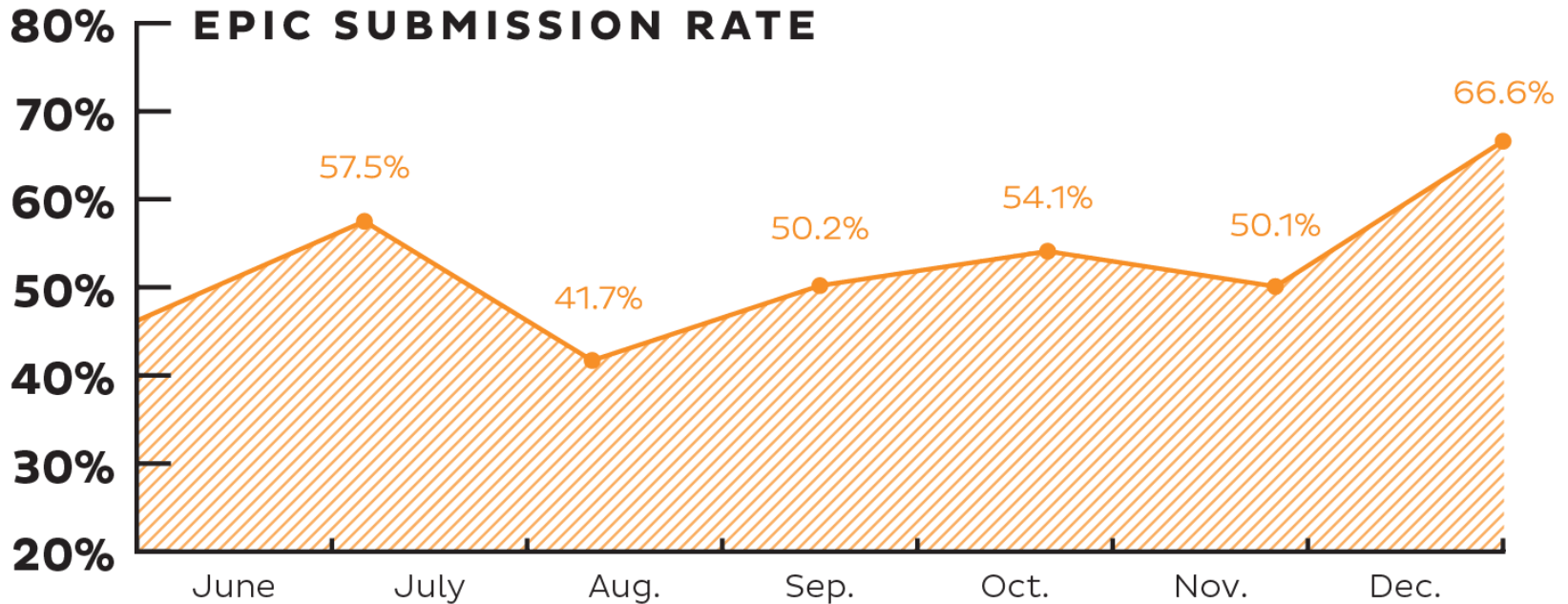
# Results

Requests per NPI **increased 330%** from portal only ePA to portal and integrated ePA.



# Results

In workflow submission rate six months post-integration launch **increased 43%**.



# References

- [BioMed Central Study: Successful implementation of new technologies in nursing care: a questionnaire survey of nurse-users](#)
- CoverMyMeds user and non-user market research with SHC Universal: Implementing A New Technology
- CoverMyMeds Portal Implementation Guide
- Mercy Health Data

**Questions?**