

Implementation of an electronic multistep order transmittal process for proactive oral oncolytic prior authorization in an oncology clinic



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Background

- Medication access to oral oncolytics is a complex process that can lead to delays in care.¹
- Health-system specialty pharmacies offer an integrated delivery network to bring value through medication access services.^{2,3,4}
- Atrium Health Wake Forest Baptist (AHWFB) has integrated specialty pharmacy services including the Medication Access Center (MAC). The MAC is comprised of medication access specialists (MAS) who are responsible for benefits investigations (BIs) and prior authorizations (PAs).
- Atrium Health Wake Forest Baptist Hayworth (High Point) Hematology and Oncology Clinic was established in 2003 with 5 attending physicians and a comprehensive care team. In 2018 MAC services were implemented for oral oncolytics in a reactive manner.
- In April 2021 an EHR tool, multistep order transmittal (MSOT), was enabled. MSOT allowed MAS to proactively address BIs, PAs, financial assistance activities and identification of pharmacy networks.

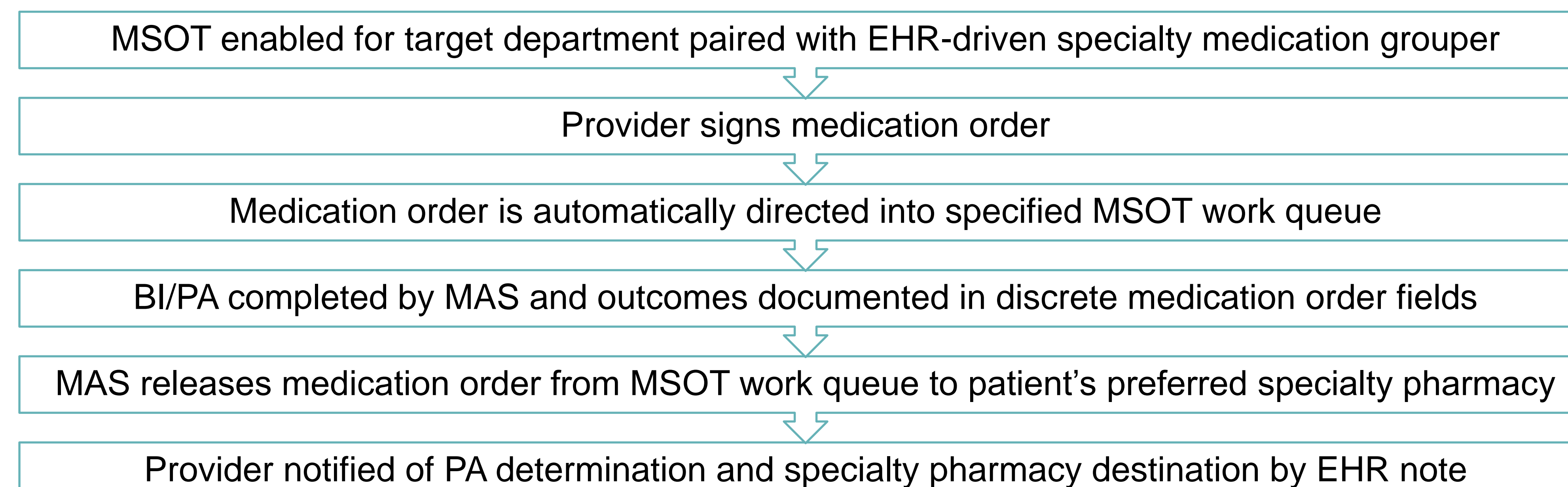
Objective

Evaluate the impact of an electronic multistep order transmittal process on oral oncolytic medication prior authorizations.

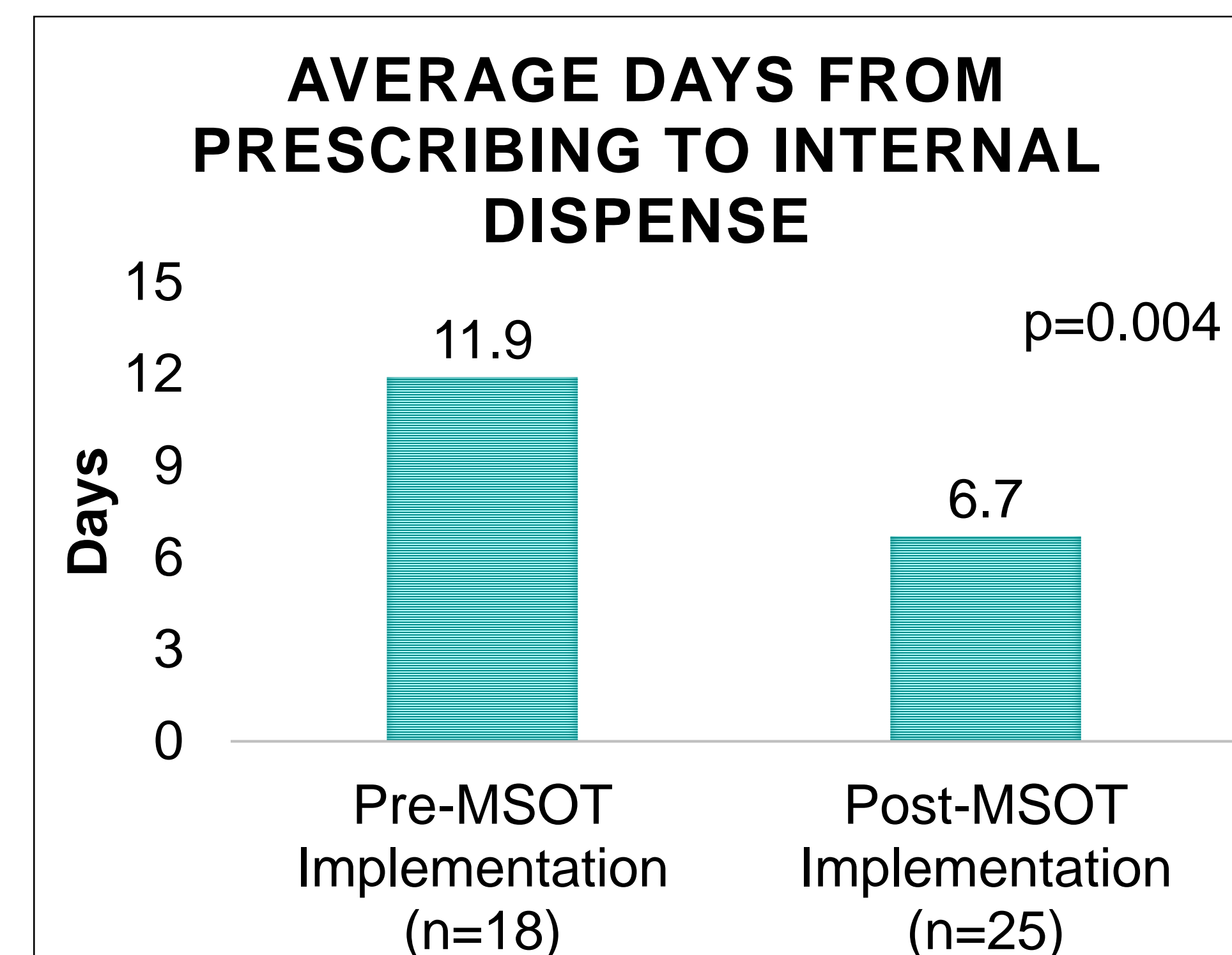
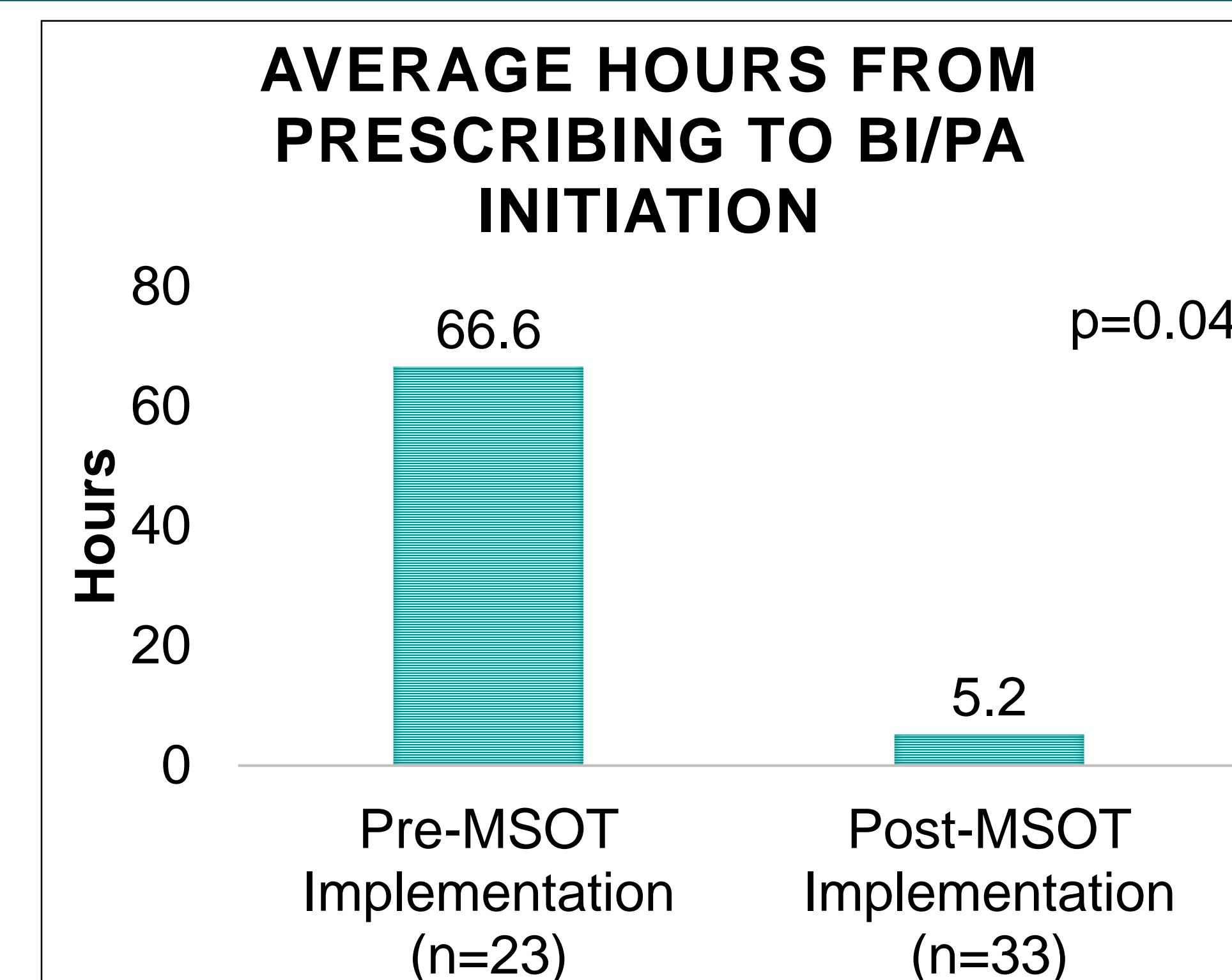
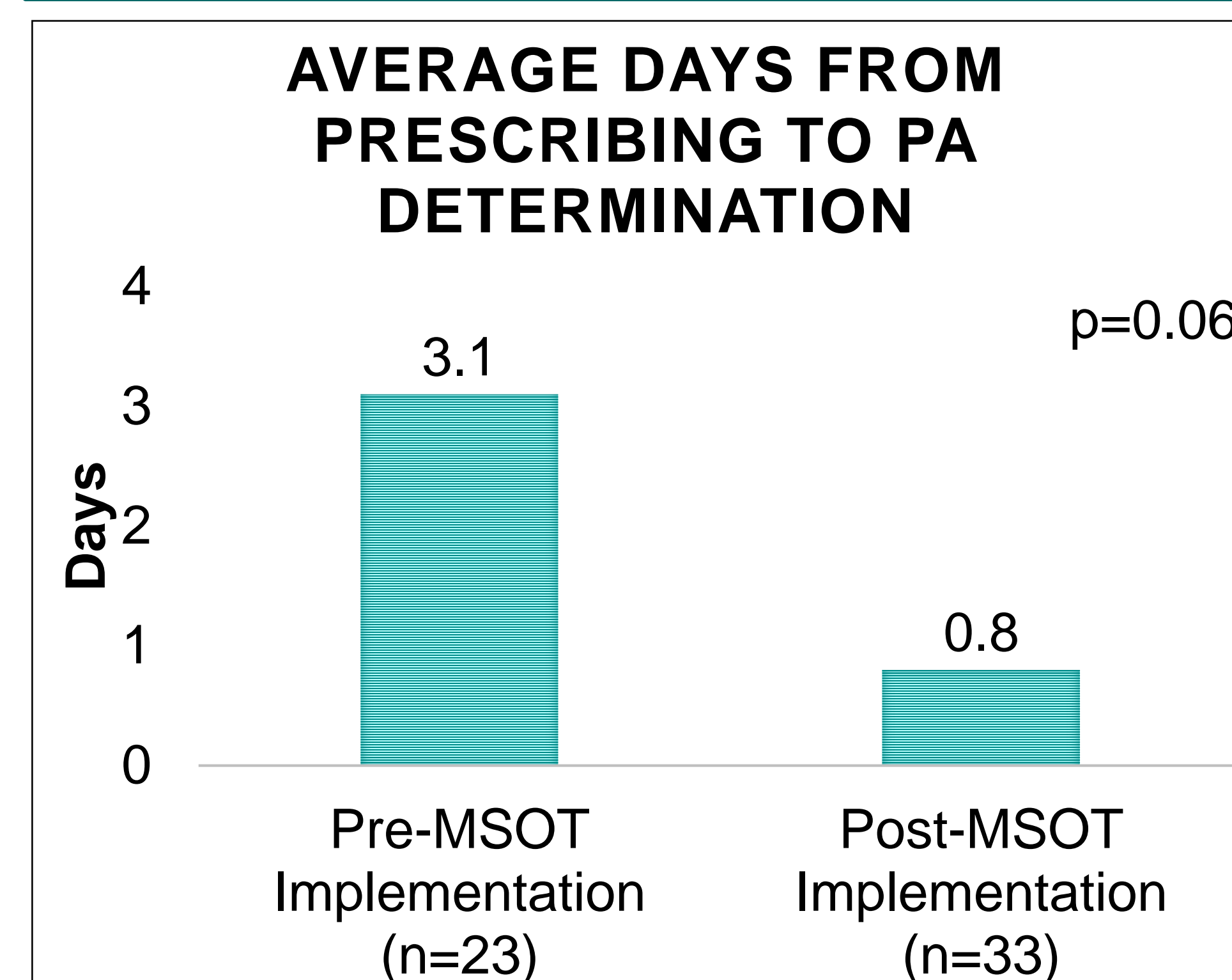
Methods

- Retrospective, single-center, chart review of oral oncolytic PAs from the Atrium Health Wake Forest Baptist Hayworth (High Point) Hematology and Oncology Clinic completed by the AHWFB MAC November 1 2020 – January 31, 2021 (Pre-MSOT Implementation) and November 1 2021 – January 31, 2022 (Post-MSOT Implementation)
- Primary endpoint: time from prescribing to PA determination
- Secondary endpoints: time from prescribing to PA submission, change in internal prescription referral rate to the integrated specialty pharmacy, time to initial internal dispensation, change in rate of prescribing delays

MSOT Workflow



Results



- The time from prescribing to PA determination was an average of 2.3 days faster in the post-MSOT implementation timeframe. (p=0.06)
- Less prescriptions experienced internal dispensing delays related to clinical concerns, financial needs or administrative matters Post-MSOT implementation (22% Pre-MSOT Implementation vs 13% Post-MSOT Implementation, P>0.05)
- The internal prescription referral rate was 91% Pre-MSOT Implementation and 85% Post-MSOT Implementation. (p>0.05)

Discussion

- The reduction in time of BI/PA initiation by a MAS revealed the positive impact of shifting the medication access work to a proactive process. This streamlined communication allowed for a noteworthy decrease in required EHR communication between the MAS, specialty pharmacy, providers and clinical staff.
- Any reduction in prior authorization and dispensing turnaround time is clinically impactful to patient care; these metrics also serve as high standard of care indicators when reported to accrediting bodies and/or payers.
- Internal prescription referral rates to the integrated specialty pharmacy and prior authorization approval rates remained high after MSOT implementation.
- Limitations of the study include the small sample size of the pilot program and the variable impact of payers on the prior authorization process.
- Future opportunities exist for expansion of MSOT to additional existing specialty clinics and newly created service lines.

Conclusions

Development and implementation of an electronic MSOT tool for oral oncolytic PAs led to improvements in timing for medication access and offered a myriad of workflow enhancements in a complex process.

References

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