



## **Prescription Drugs, Consumers and Costs: What This Means for HIMSS Stakeholders**

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Most patient office visits to physicians result in at least one prescription. And we know that medication adherence is critical to health. But industry statistics show that 1/3 of patients stop taking their medication before they finish their treatment plans – if they even fill the initial script. Patient self-rationing and quitting medicines before recommended results in costs to the health consumer, the provider, the health system and society at large.

In a new survey of over 600 physicians participating in their OptimizeMDs panel, OptimizeRx found that prescription drug costs are very important to a vast majority of doctors. More than half of these physicians cited cost as “very important” to their prescribing decisions.

Increasingly, patient-facing costs are a key driver in whether patients fill a prescription and continue to refill and take the drug as directed.

For example, the [increasing cost of insulin for patients](#) has caused growing percentages of people managing diabetes to self-ration the amounts of the drug they use, or to abandon their prescriptions entirely. The costs to the person and to the health care system are manifold, in terms of compromising personal health status, eventual costs to the patient for an adverse event or hospital admission. For the provider, patient self-management is crucial for both the person and for the doctor’s practice to stem avoidable patient visits, optimize practice workflow, and ensure a value-based approach.

Prescription drugs are also in the headlines in light of the public’s growing concern about rising costs as well as new direct-to-consumer advertising regulation to include drug prices in advertising and other policies. The vast majority of Americans cite the [costs of prescription drugs as one of their top-two](#) health reform priorities in 2019, along with ensuring coverage of pre-existing conditions. Most Americans across political parties also see a [role for the Federal government to regulate](#) the costs of medicines.

The role of prescription drugs, medicines, and pharmacy in health care is a growing concern in health care delivery and public policy. HIMSS recognizes this and has added content and exhibitor space at HIMSS19 in Orlando to address the pivotal role of pharmacy care and costs in health care. An entire day of programming at the conference, on February 12, is devoted to the [Pharma Forum](#), dedicated to the expanding role of pharma-provider-payer collaborations. An education session on the 13<sup>th</sup> features [Transparency in Prescription Drug Costs](#), a discussion among senior executives from three major players in the space: Dr. Steve Miller, Chief Clinical Officer, Cigna; Tom Skelton, CEO, Surescripts; and, Dr. Troyen Brennan, Chief Medical Officer, CVS Health.

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Relevant to HIMSS stakeholders, the OptimizeRx physician survey learned that eight in ten prescriptions are written electronically versus via a paper script. This statistic is in line with [Surescripts 2017 National Progress Report](#) (published in May 2018) which gauged that 77% of all prescriptions were delivered electronically in the U.S. This demonstrates physicians growing embrace of ePrescribing, part of health care providers' overall adoption of digital health tools to streamline workflow.

Whether in large or small practice groups, nearly all doctors believe they have a role to play in discussing health care costs with patients, the survey found. The vast majority of physicians are willing to discuss costs, and 39% of doctors said that patients “usually” or “always” raise the issue of prescription drug costs with them. But patient “shyness” still shows up in other research finding that [one-third of people have stopped taking their meds](#) and not told their doctor.

One-half of the doctors surveyed “rarely” or “never” track whether patients have filled a prescription, OptimizeRx discovered. For patients who did not fill their scripts, 70% of physicians identified a key reason was that the cost of the medicines was too high.

HIMSS stakeholders focused on revenue cycle management should also note from the OptimizeRx study that bad debt and late payments were a challenge for nearly three-fourths of physicians polled – another signal that there is an opportunity for conversations between doctors and patients about prescription drug costs to be supported and integrated into workflow.

Clearly, prescription drug costs top the list of patient non-adherence to prescribed drugs, based on the OptimizeMDs physician panel. In 2018, one-third of consumers had not filled a prescription or taken less than the prescribed dose due to drug prices in the past year, [a West Health Institute/NORC study](#) found. Furthermore, a \$6 to \$10 increase in a co-payment results in a 6.2% drop in medication adherence, based on a [National Bureau of Economic Research report](#).

HIMSS attendees will be interested to know the primary EHR vendors used among physicians polled in the study: 30% of doctors were using a system from Epic, 13% Allscripts, 9% eClinicalWorks, 7% Cerner, 6% Meditech, and 5% NextGen.

*Methodology:* [OptimizeRx](#) conducted an online survey among 632 physicians registered with OptimizeMDs, a multi-specialty physician panel with the mission of improving the effectiveness of digital health communications delivered throughout the care continuum. The survey was conducted January 9 - 14, 2019.

For more information on this study, contact [OptimizeMDs@OptimizeRx.com](mailto:OptimizeMDs@OptimizeRx.com).