An EHR Overview for Pharma Marketers

**EHR Overview**

An electronic health record (EHR) is a secure software system that replaces the paper-based patient record system. The 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. Research by Medscape in 2012 showed that 74% of physicians responded yes when asked if they are currently using an EHR system. The same study reports that the current EHR market is very fragmented, with most suppliers having less than 10% market share. Two of the largest players in the space are Allscripts and Epic, which hold the greatest share of users at 32% of the ambulatory EMR market. Epic is a privately owned EHR company and does not allow for advertising, while Allscripts was one of the first EHR platforms to offer text ads. It is predicted that we will see consolidation across the more than 300 EHR vendors; some will be bought out for list acquisition purposes while the high cost of business will lead to some smaller platforms going away.

**The Future of EHRs**

The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 provides financial incentives to be paid to providers who use EHRs in a substantial and meaningful way to manage patient care. This is referred to as “Meaningful Use” and is being rolled out in stages with each stage introducing stricter requirements for EHR adherence. By 2015, hospitals and doctors will be subject to financial penalties under Medicare if they are not using EHRs.

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Research by Medscape in 2012

As we move into Meaningful Use II, there are additional requirements around patient access to and communication within EHR platforms. These include providing an InfoButton to patient education, secure communications, allowing patients to view their records, and providing reminders to patients. It’s believed that increased engagement by the patient will improve efficiency, documentation, patient satisfaction, and adherence. CMI/Compas feels
this will lead to an increase in patient portals, which offer an opportunity for enhanced physician-patient communication. Consumer portals have become standard across almost every industry since providing consumers quick access to their own information saves both time and money.

As patient portals become a top provider priority that we feel will emerge in force directly due to requirements for Meaningful Use II, III and IV, an opportunity will emerge for Pharma. HCPs will be required to use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient in 10% of all visits. In order to help physicians fulfill this requirement, pharma companies should make sure this information is easily and readily accessible. HCPs are already seeking this information from trusted sources, so they know they are getting the most up to date, accurate information for their patients.

Challenges & Opportunities for Physicians

The Medscape EHR 2012 Report demonstrates that the implementation of EHRs slow physician practices and 26% report a decrease in practice productivity. Additionally, according to a December 2012 study by the American College of Physicians and American EHR Partners, only 39% of physicians would recommend their current EHR. Complaints include the need to conform to the workflow of the EHR (which may not match the workflow preferred by the physician) and that being on the computer during patient visits is damaging to the patient relationship. There is also very little evidence of an increase in adherence post-adoption of EHRs.

However, EHRs are beneficial for managing complex patients with multiple medications. CMI/Compas and other EHR leaders recognize that a large opportunity exists through data consolidation within EHR platforms. We will theoretically be able to combine efficacy data provided by Pharma with evidence-based data captured by the EHR. By accessing this combination of information quickly and at the point of care, physicians will be able to work outside the scope of their existing knowledge.

“Only 39% of physicians would recommend their current EHR.”

American College of Physicians and American EHR Partners
Challenges & Opportunities for Pharma

EHRs offer Pharma an additional channel to reach relevant HCPs within a patient care setting. They also offer an opportunity to provide additional tools and resources to HCPs at a time when they are prescribing. Manhattan Research’s latest Taking the Pulse survey reported that 71% of physicians are interested in interacting with Pharma in this channel, and at least 40% call out patient education, samples, vouchers and product info as features they are most interested in. CMI/Compas 2013 research across 21 physician specialties found that 40% are currently using EHRs to check formulary information.

Challenges include the fractioned market, meaning that Pharma must find efficient solutions for distributing content across a wide variety of platforms. There is a delay in drugs being entered into EHR systems and there are inaccuracies in formulary information. There are also very few EHRs that currently allow advertising within their platforms and within those that do accept Pharma content, targeting is limited or completely unavailable.

CMI/Compas 2013 research across 21 specialties on the preferred use of EHRs by physicians found that the features and functions they would like to use in EHRs are patient education materials (64%), new drug information (59%), ability to request free samples (57%) and formulary updates (55%).

Current media opportunities available within EHR platforms include: text links, banner ads and eCouponing. Pharma can now deliver coupons and vouchers to prescribers through EHR systems.

“40% of physicians are currently using EHRs to check formulary information.”

CMI/Compas 2013 Research

Unlike cards stored in a sample closet that were rep delivered, these new solutions provide coupons without interrupting prescriber workflow. Offers are delivered directly to the pharmacy along with the prescription. The offer can be emailed, sent via text or printed in the doctor’s office. Co-pay savings programs can also be offered via a text link, but may not be as effective. Text links are better suited for offerings such as patient education, product information, patient assistance or something beneficial to the HCP within their workflow.

With Meaningful Use II all providers must deliver patient education via EHRs. Since providers do not have time to write up or review patient education materials, Pharma must make sure this information is readily available at no cost to the physician.
CMI/Compas Recommendation

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 an HCP is reached in a clinical prescribing environment, the opportunity to impact behavior is greater.

CMI/Compas is working with our supplier partners to make sure their solutions are compatible with the changing landscape and they are preparing to integrate their content across the multiple platforms. CMI/Compas is having conversations with suppliers to help in areas of workflow, patient adherence, etc. to ensure their solutions are aligned with the EHRs physicians are using.

Content of pharma messaging within this channel should be valuable and clinically relevant. In a recent physician engagement study by PDR, over 80% of physicians surveyed reported that they would like up-to-date, FDA-approved drug information within their EHR. Content considered most valuable includes drug label and dosing information as well as discount cards and co-pay information.

As we move into Meaningful Use II and see an increase in patient portals, CMI/Compas feels that a need will exist for patient education, which should be fulfilled by Pharma.

Within this channel, we recommend utilizing messaging with strong call-to-actions around patient adherence tools, co-pay cards, vouchers, and formulary access.

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Physicians seek ways to streamline their daily workflow and reduce the duration of a patient visit. A key factor to success is making sure content is deemed valuable and clinically relevant to the patient visit.

In February 12, 2013 iHealthbeat summarized: “A small fraction of physicians use a Web portal to interact and share information with patients today. But Meaningful Use Stage II requires that eligible professionals ensure at least [5%] of patients view, download or transmit their electronic health records. As a result, the use of patient portals is likely to skyrocket. If that happens, experts say, the impact on health care could be quite significant.”
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. Access to patient information is a functional requirement of EHR Meaningful Use II and Pharma must show that they can provide clear value to the provider to ultimately help them with things like liability reduction and patient satisfaction and retention.

CMI/Compas also recommends 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. For example, CMI/Compas does not feel that click-through rate is generally not a relevant metric because a physician does not have time to leave the EHR interface during a patient consult. As additional targeting capabilities become available, CMI/Compas will recommend conducting test and control studies to see the impact of EHR advertising on physician script-writing.