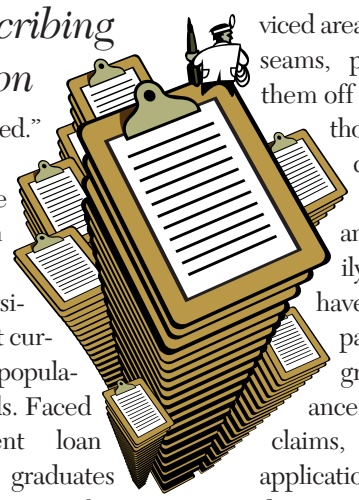
Physicians' workload slows benefits admin

Helping doctors at point of prescribing will save pharmacists aggravation



One key stakeholder group often overlooked in the provision of the employer-sponsored drug plan benefit is physicians. Loaded up with paperwork by the insurers, pharmacy benefit managers (PBMs) and benefits consultants, Cana-dian doctors face an ever-increasing administrative burden on daily practice related to private drug plans, while their numbers continue to dwindle.

A general shortage of physicians, especially family physicians, has left many areas designated "underserviced." Medical schools have not been graduating enough physicians to meet current patient population demands. Faced with student loan debts, new graduates have shied away from family practice, with overhead and start-up costs, preferring instead the flexibility and income of emergency room and locum work.

In 2003, only 25% of medical residents selected family practice; that's down from 44% in 1992. Simply put, there are not enough physician-hours to meet patient needs. With practices in underserviced areas already bursting at the seams, physicians have closed them off to new patients, leaving thousands without a family doctor.

Already overworked and stressed, the few family doctors still practising have seen the mountain of paperwork continue to grow. Forms for life insurance, long-term disability claims, WSIB claims, CCAC applications, motor vehicle accidents, etc. all take time away from patient care. Add to those the required forms for employee benefits such as physiotherapy, massage therapy and custom orthotics, and one can appreciate doctors' resistance to the extra work caused by complex drug benefit plans.

PAYER ISSUES

by Chris von Heymann

Multiple customized formularies, prior authorization programs (each with different criteria and forms), tiered copayments, annual/lifetime maximums … it's hard to keep it all straight.

Many would argue that it's not the doctors' responsibility to keep it all straight; they are clinicians, whose job is to take care of the health of their patients (sound familiar?) and, where necessary, to prescribe the most appropriate drug therapy, not to match their prescribing practices to plan sponsors' requirements.

Yet, these drug plan management processes are important to ensure the responsible use of the benefit. Without them, its long-term sustainability for employers may be in jeopardy.

It's been argued that the most efficient way to ensure a prescribed product matches the benefit is to influence behaviour at the point of prescribing. Ensu-ring the physician prescribes a product that is best covered by the patient's plan, the first time, will save pharmacists, physicians and patients alike a time-consuming phone call or fax requesting a prescription change.

With progress in technology, there have been some suggestions for point-of-prescribing tools to facilitate access to plan-coverage information in the physician's office. However, this is still some time away, as coordinating the involvement of the insurers, PBMs, software and hardware developers, and others proves to be a major hurdle.

What, then, can pharmacists do to help physicians with this selection process?

A suggestion for now

Take the lead and organize a local information session through your pharmacy. Invite a human resources representative from a major local employer, the company's benefits consultant, area physicians, and pharmacists and pharmacy technicians.

Ask your HR contact and/or their benefits consultant to present the particulars of the company's drug plan, including plan description, inclusion/exclusion decisions, as well as current utilization and cost drivers.

Open the floor and moderate a discussion to identify frustrations in practice related to plan administration, both in the physicians' offices and in the pharmacy. Get the group to agree on steps to reduce these frustrations, such as providing plan summary cards for each patient chart. Identify ways the pharmacy can simplify or expedite any paper-processing and/or drug product selection for the physicians.

While such an initiative is more feasible for smaller areas with a limited number of major employers, it should also be considered in larger urban centres for pharmacies that draw a large number of employees from the same employer.

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