Targeted Specialty Medication Referral Form Updates, How Do They Impact Patients and Providers

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INTRODUCTION

Manufacturers often utilize drug-specific referral forms to streamline the prescribing of specialty medications, especially in limited distribution scenarios. These forms aim to aggregate pertinent information to promptly process specialty prescriptions. This information includes patient, prescriber, and clinical information as well as a prescription for the commercial or free goods product. These specialized referral forms also reinforce the brand around a medication, consent patients to receive manufacturer-sponsored services, and promote appropriate prescribing practices for complicated dosing regimens. Referral forms may be periodically updated after trends in real-world prescribing practices are identified and improvement opportunities are elicited.

Specialty medications and their respective referral forms are becoming more intricate as novel complex medications are developed. After completion and submission to the specialty pharmacy, a product specific referral form may require additional provider outreach for clarification due to discrepancies or missing information. This outreach may increase the time for a patient to receive their initial medication shipment creating a significant obstacle, especially during an initial medication launch.

A recent whitepaper focused on overcoming gaps in the specialty pharmacy ecosystem and identified incomplete patient treatment forms as a major roadblock during the patient journey. [1] Additionally, the authors recommended actionable items to minimize treatment form related roadblocks by creating simplified online versions, creating new treatment forms, setting up task forces to evaluate options for making prescribing easier, and to provide specialty pharmacy-related education to prescriber offices through a sales force. Considered a growing concern for successful and timely patient enrollment, an exploratory study was completed to determine if targeted referral form changes reduced initial turnaround time for specialty medications.

OBJECTIVES

The objective of this study is to determine if targeted changes to manufacturer-developed referral forms result in fewer discrepancies, prescriber clarifications, and impact initial turnaround time for specialty medications.

METHODS

The primary author served as the reviewer to assess changes. To be included in the study, the form must have at least one change between the initial form and the most current version. Exclusion criteria for forms included those with no changes, changes judged as insignificant, or those that did not have enough time since last revision to provide a meaningful sample size. Referrals were categorized by therapy type, "revised" or "original", and assessed for discrepancies at the targeted changes. The most updated form was referred to as the "revised" form with the preceding versions referred to as the "original" form. "Revised" and "original" referral forms for each therapy were sampled from a specialty pharmacy database. For each therapy type, 200 referral forms were randomly chosen between "revised" and "original". Each referral form was assigned a deidentified number and analyzed.

RESULTS

Table 1

	Referral Form Updates
Therapy 1	• Patient consent signature moved • Free goods prescription condensed
Therapy 2	• Patient consent signature moved • Condensed referral form into one page • Predefined checkboxes added for disease subtype & ICD10 code
Therapy 3	• Quantity prescribed and day supply changed from free text to predefined checkboxes

Figure 1

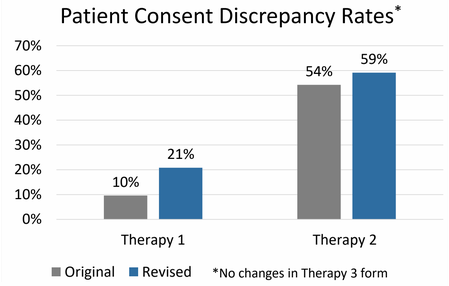


Figure 2

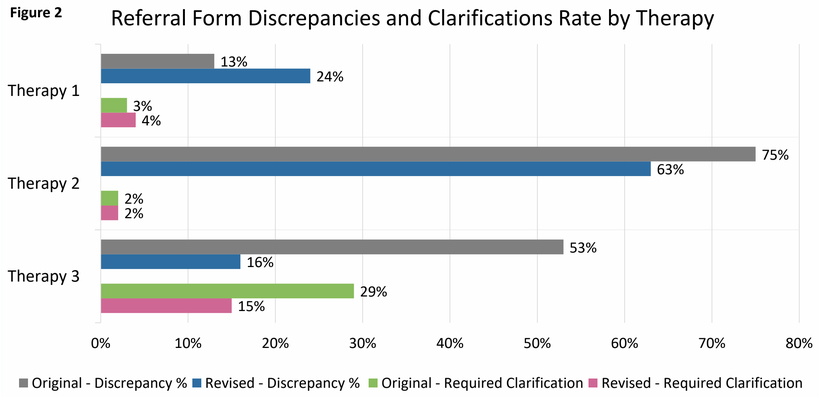
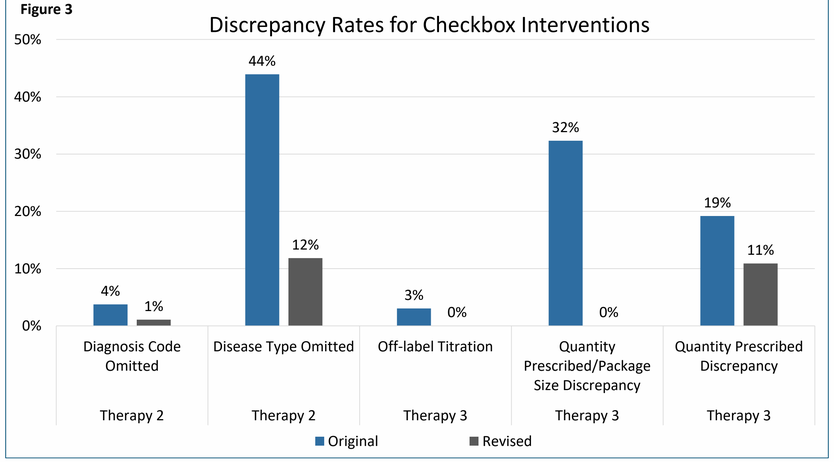


Figure 3



DISCUSSION

From a total of 10 reviewed referral forms, three were chosen for inclusion in the study. (Table 1) Overall, the changes appeared to focus on increasing efficiencies by gathering patient consent and acquiring accurate clinical information. Analysis of the updated forms revealed fewer total discrepancies for two of the three therapies. (Figure 2) Discrepancy frequency varied greatly between each therapy type, however these discrepancies did not result in an increase in prescriber clarification. (Figure 2)

The differences in referral form discrepancies dropped considerably when updates were made to capture information using predefined checkboxes in place of free text. This was demonstrated in therapies 2 and 3. (Figure 3) In addition, gathering patient consent was not positively affected by any of the referral form updates. The results showed a negative association between the targeted changes and successfully capturing of patient consent. (Figure 1)

Analysis of the updated forms revealed that only one of three therapies required fewer clarifications, therapy 3. The original form was associated with the greatest percentage of required clarifications, 29%, compared to therapies 1 and 2 at approximately 3%. Updates to therapy 3's referral form resulted in a reduction of prescriber clarifications by 14%, demonstrating a relative reduction in clarifications by 48%. (Figure 2) These clarifications were all related to prescription discrepancies whereas discrepancies in therapies 1 and 2 were primarily associated with patient demographics which did not require prescriber clarification.

Referral form discrepancies did not impact turnaround time. Only two patients, both in therapy 1 experienced increased initial turnaround times due to pending prescription clarification from the prescriber. A prescription associated with an original referral form was delayed for one day and an additional prescription utilizing the revised referral form was delayed for five days.

CONCLUSIONS

This study reaffirms the value of medication specific referral forms. While there is potential to reduce discrepancies in forms, this will most likely directly impact prescribers and the specialty pharmacies. Targeted referral form updates can lead to a reduction in preventable clarifications between the specialty pharmacy and prescriber.

This study also showed that the targeted updates to referral forms did not show any meaningful change in gathering patient consent. Patient consent is critical to capture for specialty pharmacies. Consent permits sharing of protected health information to covered entities and delivery of manufacturer sponsored enhanced services. Notably, the study results also indicate that referral form discrepancies have minimal impact on initial medication turnaround times for patients.

REFERENCES

1. Prerna Chakravarty, Amit Kumar Noteka; Cognizant. Identifying & Overcoming Gaps in the Specialty-Pharmacy Ecosystem. https://www.cognizant.com/whitepapers/identifying-and-overcoming-gaps-in-the-specialty-pharmacy-ecosystem-codex1617.pdf. Published May 2016. Accessed January 2019.