For all the talk about EHRs and their eventual point-of-care ubiquity, skeptics remain. Will EHR platforms ever become penetrable enough for pharma to consider them as an integral part of the non-personal promotion tool kit? **James Chase** reports

Pitchers of records

The electronic health record environment is the kind to which the pharmaceutical business of old wouldn't have given the time of day. Fragmented, cohesively challenged and industry-unfriendly, early EHRs sent red flags flying over their potential to achieve enough scale and drive sufficient ROI to make significant investment worthwhile.

It is perhaps a testament to the pace of change in the industry, then, that the pharma industry today directs so much attention to EHRs. "I've been amazed about how much they want to make it work," says Monique Levy, VP, digital innovation, Decision Resources Group.

The lure is essentially twofold. For all their current clunkiness and spottiness, EHR platforms present pharma a chance to get as close as possible to the point of prescription. They also offer a vehicle for delivering the types of patient-focused services and tools that an outcomes-focused landscape now demands.

"Most pharma companies are seeing EHRs as an opportunity to provide value, which I think is correct, strategically," says Levy. Lynn O'Connor Vos, CEO, ghg, agrees. "Why should healthcare providers have to dig around for the value that pharma is trying to provide?"

As with any innovation, pharma companies are evolving EHR efforts at varying rates. Mark Bard, CEO, Digital Insights Group, and founder, Digital Health Coalition, says one in five pharma companies are doing something significant in this space. "These are the innovative companies that maybe also tried things in social," he notes.

Similarly, Levy reports that her "most advanced" pharma clients have EHR relationships representing upwards of 60% of their target physicians. "They have a project allocation for it and it's part of their media mix," she says. "I was surprised to see something so mature."

Vos also reports increased pharma activity. "I'd say that in 2016 you are going to see EHR/physician workflow tactics in almost every marketing plan," she says. "However, it will take a few years to make it scalable. But that's where it's going."

AREAS OF INTEREST

A major area of focus is financial assistance and co-pay offers. "E-coupons have the highest return on investment right now against anything else we can measure," notes Vos. Co-pays, of course, come with technical challenges, not least of which is having to render the coupons across so many differing platforms. Companies must also figure out where the offer should go and how it will be used.

"It's not clear to pharma how close to the point of e-prescribing you can get," says Levy. "Is anyone trying to get a co-pay to pop up at the point of Rx? Or will there be a place for all the co-pays?" Companies must also decide if the coupon will be printable or bundled and forwarded to the pharmacy with the eRx.

"You hear anecdotally that a lot of physicians hate the idea of giving [printed] coupons to patients, like they're a Target or a Walmart," says Bard. "So if it's in the platform, they can do it in a more professional way. 'Something's going to print out with your electronic prescription at the front desk. Go and see Cindy—she'll provide your information.'"

Physicians are certainly not averse to pharma content on EHRs. According DHC research, 61% of primary care physicians in the US are open to receiving information from pharma within EMR platforms, with 24% "very likely" to e-prescribe a brand within EMR if an e-coupon is available.

Decision Resources Group's Taking the Pulse (US) 2014 study reports similar levels of physician interest. As one might expect, most of this interest is in patient education materials, drug samples and e-coupons. Conversely, just 3% of physicians said they'd be interested in seeing pharma ads within EHRs. Many of those who had already seen such ads found them annoying, with just 3% saying they were influential to prescribing decisions.

"If you look near-term at the advertising idea, physicians generally have not been a receptive audience, and with good reason," says Bard. "I mean, these are effectively journal ads in personal medical records."

A big challenge with advertising is creating relevance. "How personalized can you be with these ads?" asks Levy. "If I'm a physician, you may know that at some point I have prescribed atopic dermatitis, but how do you know if I'm seeing any patients this week? How do you target based on people coming in? How close can you get that advertising to an actual patient record?"

A basic consideration for any type of content or tool is aligning it with physician workflow. Levy stresses that 71% of physicians do not look at the EHR when they are searching for clinical information. "They are very much in the task-completion mode; they're not in a browsing/research mode," she says. "The question is, Do you want to be in that work stream of when they're getting things done?"

There are, of course, plenty of opportunities to help physicians who are in task-completion mode. "Everything pharma provides offline, whether financial assistance, coupons or patient ed or adherence programs, or prior authorization support, all need to be acceptable in the workflow," notes Vos.

CLOSED-DOOR SYSTEMS

A well-documented challenge with EHRs has been the fact that the vast majority of the systems are closed. "Epic, GE and most of the big platforms don't act like an IBM or a Microsoft," says Bard. "They don't want pharma and they don't want people pulling in the systems. It becomes profitable for those companies [to remain closed]."

Vos views this lack of interoperability as a major hurdle in this new outcomes-driven landscape. "As you look at outcomes measurements, you need to follow patients from in-house to outpatient. But a lot of these EHRs are not cloud-based and there's not great interoperability," she laments. "Interoperability is the absolute essential thing that has to happen to effectively manage our healthcare systems."

Bard, however, believes this will soon change. "You can't fight the trend," he says. "Eventually, [EHR providers] will have to play nice." One of the opportunities he sees for penetration is through plug-ins, "So that you can get things like patient education and content sources feeding in." Bard uses the analogy of the smartphone, where the phone is the system but the value is in all the things you can plug into it. "A lot of companies are thinking, 'Hey, we can latch on to some of these partners that have the keys to the kingdom, that have the ability to get our information into the EMR,'" he says.

The other big question mark regards the fragmentation of the EHR market, with more than 400 platforms currently in operation. "Even the bigger ones are pretty small," says Bard. When pharma companies run the numbers, they may only have 500 target physicians on a particular platform. "That's where reality punches them in the face and they say, 'Am I really going to do a strategy based on 500 physicians?'"

Bard predicts an eventual M&A frenzy. "At some point you need someone who has 40% or 50% share," he says. "And that's when it gets very cool. They become the standard, like Microsoft and Apple become the standard, and everyone starts writing for the standards. It's a natural process." ■