RECORD CORRECTION

Of all the channels through which brands can connect with HCPs, electronic health records have long been considered the most stubbornly and frustratingly impenetrable. Might advances in analytics and cloud technology, among other recent innovations, help simplify the EHR equation? **Sarah Mahoney** investigates

WHILE SOME AWKWARDNESS REMAINS, IT APPEARS AS IF THE pharmaceutical world has finally reached an uneasy détente in its relationship with electronic health records. For years now many marketers viewed EHRs as being as impenetrable as the Kremlin's secret archives, a netherworld where brand messages were either banned, limited or else ignored by EHR-loathing doctors. But that's changing, thanks to a range of trends—toward clinical decision support, cloud computing, more powerful analytics and a shift to population health management.

Brands have spent the past four years getting comfortable with the 760 or so—this figure is no exaggeration—vendors in the EHR universe and are now "looking for ways, as the pharma industry has said over and over, to go beyond the pill," says Susan Dorfman, chief marketing and innovation officer at CMI/Compas. "There's a realization that it's all about the patient. If we can make it easier for doctors to make patients healthier, we are all on the same page."

But while brands are more apt to have their eye on the ball, that doesn't mean the playbook is any less confusing. For one thing, even as EHR adoption grows, HCPs are breaking up with their vendors. Some 27% of medical practices are actively looking to dump their EHR provider, according to a study from healthcare IT firm KLAS. Another 12% wish they could but say they can't.

And while doctors and other providers are aware of the big-picture benefits of EHRs, they're worn down by their daily grind and suffering from an epidemic of "alert fatigue." In fact, researchers claim that poorly optimized EHRs can cause doctors to miss as much as 30% of essential lab results.

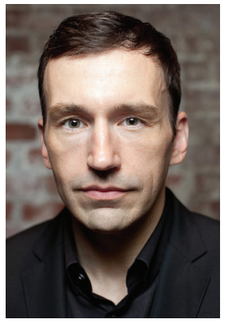
Despite the hiccups, many experts are excited by the potential that EHRs offer pharma. "It's really a remarkable opportunity," says Dorfman. "This is our new channel. It's our new frontier." So before brands attempt to answer either of the two most pressing questions—"what do I do with EHRs? And with whom do I do it?"—Dorfman suggests that they evaluate seven potential issues.

Tapping powerful analytics: "Provider productivity is the elephant in the room," says Marc Mosier, MD, chief medical officer for Pri-Med, which owns EHR company Amazing Charts. "We know that about half the time, doctors fall short of providing high-quality evidence-based care." Given that doctors are already bogged down with information-dense charts, marketers who look to add content risk hurting, not helping. "You can create clinical decision support until the cows come home, but if you've impeded productivity, you've probably decreased the quality of the care."

Mosier stresses, then, that EHRs need to work in conjunction with "a strong analytical engine that offers up rules, which the doctor can choose to either acquire or not acquire. If I'm an orthopedic surgeon, I don't need a patient's obstetrical history—but I do need fast access to range-of-motion guidelines."

Using the cloud: The miracle of cloud computing offers marketers a much broader spectrum for engagement because it enables effective message push-out (which healthcare marketers want) and makes use of big data (which is what providers crave). Yet the three largest EHR vendors—Epic Systems (11.6% market share), eClinicalworks Logan Solutions (10.2%) and Allscripts (8.7%), according to SK&A—aren't cloud-based.

"[The EHR business] is moving incredibly slowly, and many providers are still using software installed on-site, usually at great expense," says Ryan Howard, CEO and founder of Practice Fusion, the largest cloud-based EHR company (and the fourth largest overall, according to SK&A). Without the cloud, Howard adds, "Providers are not able to get data … it's an incredibly complex space, because there are so many interdependencies. But the vision of population health won't come to fruition until providers have a unified cloud position."



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Targeting smartly: While some healthcare marketers think they can most effectively segment by practice size or type of specialty, CMI/Compas has found that understanding provider mind-set is essential. Its research has revealed that what some providers want most "is help understanding their patient's insurance during the visit," Dorfman says. "They want to know if the drug they are about to prescribe is covered and what the co-pay is. They don't want to get a call from the pharmacy later."

Another group, which Dorfman calls "brand patrons," tends to be strong prescribers of a particular brand and is quick to sample new drugs: "They are information seekers and want the ability to request samples through EHRs." For yet another group, "drug samples come in last on [providers'] list of priorities. They want formulary information, co-payment cards and vouchers and patient education materials." Understanding and respecting those differences, Dorfman stresses, "is important if we want to understand how we can make providers' lives easier."

Adding value: From a doctor's perspective, pharmaceutical companies just "don't get what they need to do, which is change the value proposition," says Michael Shannon, MD, an endocrinologist with Providence Medical Group in Olympia, WA. The changes he'd like to see? "First, offer order sets [a standardized list of orders for a specific diagnosis]—for diabetes, for example." Shannon also wishes that EHR vendors would digitize all their tools. "What doctors hate most about EHRs is that they are either typing in front of their patients or typing in front of their kids at home at night. Plus they have to type the same stuff over and over. So if there are things that are hard to explain—'start at this dose, then increase to this dose after this many days'—why can't that be easier to input?"

Embracing middleware: As the industry becomes more conscious of the hefty expense of paying doctors to fat-finger their way through tedious screens, marketers will be less likely to think in terms of adding anything they want doctors to read. Dorfman has noticed a shift toward "middleware and other overlays that don't add content but create dashboards so providers can see what they need to see during a particular call." Some, in fact, even bridge different EHR systems: While the data is maintained at the source that owns it, it can be viewed by other providers.

Innovations like this, Dorfman continues, "are the future. They're what allows providers to see the holistic record in a way that lets them make the best use of the time spent in the visit. That's the time to engage with those physicians—to make them aware of a product that might be valuable."

Finding new metrics: No one seems to be arguing that there are questions of scale to be considered and that brands buying the most banner ads with the least duplication are creating the greatest footprint. But for Zachary Lowe, VP/media at Publicis Health Media, measuring engagement is a different challenge, especially for brands "trying to help doctors produce better patient care and provide clinical decision support," he explains. "'Did doctors feel the information helped them make a decision?' is a different question than 'did they write more scripts?' Until we're able to bridge that gap, we haven't broken through."

Focusing on population health management: In terms of improving the health of an overall population, an early example of how well partnerships can work is the Merck/Practice Fusion pairing, designed to boost adult vaccination rates. In its four-month trial period, Practice Fusion reported a 73% increase in recorded vaccinations.

As the effectiveness of HCPs starts being judged on the health of their entire patient base, we can expect to see more such partnerships, predicts Paul Ivans, president and CEO of healthcare marketing consultancy Evolution Road. "More brands will partner with EHR companies around important disease areas."

Ivans doesn't believe, however, that the industry needs more or better technology to facilitate such arrangements. "We need to use what we have, but be smarter," he explains. "EHRs are hard to use, so let's make them more user-friendly for providers." ■

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