

Give hospital-based doctors access to outpatient formulary info

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Prescriptions written during patients' discharge from the hospital often go unfilled because of barriers such as cost, transportation issues, outpatient formulary restrictions and adverse formulary tiering that thwarts medication adherence and continuity of care, according to an AMA Council on Medical Service report adopted at the June 2021 AMA Special Meeting.

"Without access to outpatient formulary information, hospital physicians may unwittingly prescribe discharge medications that are subject to adverse tiering or prior authorization," says the report.

To ensure that medications prescribed during hospitalization continue to be covered by pharmacy benefit management companies, health plans and other payers after discharge, the AMA House of Delegates adopted new policies for the AMA to:

- Advocate protections of continuity of care for medical services and medications that are prescribed during patient hospitalizations, including when there are formulary or treatment coverage changes that have the potential to disrupt therapy following discharge.
- Support medication reconciliation processes that include confirmation that prescribed discharge medications will be covered by a patient's health plan and resolution of potential coverage or prior authorization issues prior to hospital discharge.
- Support strategies that address coverage barriers and facilitate patient access to prescribed discharge medications, such as hospital bedside medication delivery services and the provision of transitional supplies of discharge medications to patients.
- Advocate to the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare & Medicaid Services (CMS) that they work with physician and hospital organizations, and health information technology developers, in identifying real-time pharmacy benefit implementations and published standards that provide real-time or near-time formulary information across all prescription drug plans, patient portals and other viewing applications, and electronic health record (EHR) vendors.

- | Advocate to the ONC and the CMS that any policies requiring health information technology developers to integrate real-time pharmacy benefit systems (RTPB) within their products do so with minimal disruption to EHR usability and cost to physicians and hospitals.
- | Support alignment and real-time accuracy between the prescription drug data offered in physician-facing and consumer-facing RTPB tools.

Read about the other highlights from the June 2021 AMA Special Meeting.