

# Executive Summary

Pharmacy Post 2002 Survey of Pharmacists on the Impact of Claims Processing

**NOTE: Detailed results, including breakdowns by region and type of pharmacy, are available by contacting Pharmacy Post at 416-596-3465 or kwelds@rmpublishing.com.**

## **METHODOLOGY**

- emailed to approximately 2,600 community pharmacists
- online from mid-February to mid-March
- endorsements from provincial and national pharmacy associations
- promoted through [www.pharmacyconnects.com](http://www.pharmacyconnects.com) and advertising in *Pharmacy Post*
- 495 respondents

## **DEMOGRAPHICS**

- 33% western provinces; 46% Ontario; 6% Quebec; 15% Atlantic provinces
- 45% independents/banners; 36% chains/franchises; 15% food/mass; 4% 'other'
- 46% staff pharmacists; 47% owners/managers; 3% relief pharmacists; 3% pharmacy technicians; 1% other
- 62% urban; 38% rural

## **PROFILE INFORMATION**

Prescriptions dispensed in a typical 8-hour shift: **116**

How prescriptions paid: **48% public plans; 33% private plans; 19% cash upfront**

Patients who use pay-direct cards: **73%**

## **IMPACT OF CLAIMS PROCESSING**

Prescriptions that require time to be spent on matters to do with coverage: **38%**

Time spent on matters to do with coverage: **62 minutes per eight-hour shift**

**64%** report the time spent has 'significantly increased' in past three years

*Biggest reasons for spending more time:*

- Making inquiries to payer on behalf of patients (**78%**);
- Explaining coverage (**75%**)
- More private-plan prescriptions (**46%**)
- Pharmacists who feel that the time spent on private-plan matters interferes with ability to provide optimal care to those patients with private plans: **79%**

## **TECHNICIAN SUPPORT**

Pharmacists with technician or other support staff to help deal with private drug-plan matters: **69%**

Of those, percentage whose workload has increased in past three years: **90%**

## **REJECTED CLAIMS**

Prescriptions initially rejected by private plans for various reasons: **11%**

Patients who appear surprised or unaware of the lack of coverage: **68%**

Of those, number who express anger at employer/insurer: **45%**

Number who express anger at pharmacist: **40%**

*Biggest reason for rejected claims:*

## **SOLUTIONS**

Part of **in drug plan management**

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CANADA

- Drug not a benefit (**42%**);
- Mechanical/administrative problem, e.g., wrong date of birth (**40%**)
- Percentage of rejected prescriptions for which online test claims are submitted (to try to find substitute drug): **27%**
- Average number of test claims for each rejected prescription: **2**

### ▶ **INVESTIGATION OF REJECTED CLAIMS**

Percentage of rejected prescriptions that pharmacists decide to investigate further in an attempt to secure coverage: **55%**

*The top two reasons why pharmacists choose to investigate further:*

- Because it's my professional responsibility (**61%**)
- Because the patient asked me to (**54%**)

*What takes the most time to investigate further:*

- Mechanical/administrative problems (**43%**)
- Special authorizations (**37%**)
- Percentage of rejected claims for which help desk is accessed: **44%**
- Percentage of rejected claims that are resolved (i.e., coverage is secured) while the patient is waiting: **41%**

*What happens when rejected claims cannot be resolved or are not investigated:*

- Patient pays cash upfront for prescription (**46%**)
- Patient leaves without filling prescription (**39%**)
- Patient receives full or partial credit from pharmacy (**15%**)
- Percentage of time pharmacists advise patients to investigate rejected claims themselves: **33%**

### ▶ **WORKING WITH PLAN SPONSORS**

Pharmacists who would be willing to work directly with employers to help them cut drug-plan costs and/or improve health outcomes: **70%**

*Programs/activities that pharmacists would be most comfortable implementing:*

- Generic substitutions (**83%**)
- Trial prescriptions (**75%**)
- Disease state management programs (**74%**)
- Average hourly wage charged by pharmacist if employer offered to pay: **\$71**

### ▶ **OPINION POLL**

*Pharmacists who agree that:*

- Plan sponsors should consult more with pharmacists about improving health outcomes: **95%**
- Plan sponsors underestimate how much compliance can save money and improve outcomes: **90%**
- Their pharmacy spends too much time on private drug-plan matters: **85%**
- They are increasingly frustrated by the activities of private payers: **78%**
- Payers' help desks are, indeed, helpful: **72%**
- Plan sponsors are aware of the time and effort required for claims administration at the pharmacy level: **22%**
- What pharmacists would tell plan sponsors to **STOP** doing: capping professional fees or encouraging employees to shop around for discounted fees
- What pharmacists would tell plan sponsors to **START** doing: promote healthy lifestyles to employees through education and coverage plans

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