Prescriptions: Balancing Fraud and Flexibility

How blockchain can transform and modernize prescriptions management
Current Workgroup Active Members

Payer Subgroup Meets

- Every other Friday from 1:00 PM – 3:00 PM EST (It’s the following Friday of the Healthcare SIG Meeting)
- Next Meeting – July 3rd, 2020

Wiki Page -
https://wiki.hyperledger.org/display/HCSIG/HC-SIG+-+Payer+Subgroup

Everyone is welcome to join and anyone can contribute
Current State Prescriptions and Fraud

• Prescription medication abuse is one of the greatest public health crises facing our nation today, tearing apart families, devastating communities and driving up medical costs.

• Some prescription fraud types
  • Doctor shopping and getting multiple prescriptions
  • Getting the same prescription too often or too soon
  • Automatically refilling a prescription when a patient did not request a refill. Without the patient's knowledge, the pharmacy will then bill payer for prescriptions that patients never picked up.
  • Duplicate Billing - Billing multiple payers for the same prescription
  • Phantom Prescriptions - Billing for a forged or nonexistent prescription
  • Diverting legal prescription medications takes various forms. Prescriptions are gained by multiple presentations of forged documents, the use of prescription drug benefit cards for other than the rightful owner of the benefit, the use of the benefit card to supply medications to a relative, a friend, or to buy favors with.
“The retail value of prescription drugs filled annually in the United States exceeds $300 billion with approximately”
Interesting facts

The greatest amount of fraud is contributed by DRUG-SEEKING BEHAVIOR such as addiction.

- 64% DRUG-SEEKING BEHAVIOR (ADDICTION)
- 13% ID THEFT
- 11% FORGED PRESCRIPTIONS
- 9% DUPLICATIVE/INAPPROPRIATE THERAPY
- 3% OTHER

The south contains the MAJORITY OF PRESCRIPTION DRUG FRAUD found in the United States.

Source: https://www.bcbs.com/the-health-of-america/articles/signs-of-prescription-medication-fraud-and-how-stop-it
All solutions are after the fact analysis based

There are limited to no options in real time preventing some of this fraud
Prescription Management – Current State

Business Viewpoint

1. Patient visits a Physician

2. Physician prescribes medication

3. Full filler gets the prescription via fax

4. Patient wants to change fulfiller or even change doctor for additional prescription

5. Fulfiller gets the Rx again via Fax

6. Patient gets the prescription filled

Key Highlights

- Steps 3, 4, and 5 are big dissatisfiers for a genuine patients/members
- Fraud can be committed due by doctor shopping, forged prescription, prescription alterations, seeking refills earlier than needed
Eye-ware Prescription Management – Current State Business Viewpoint

1. Patient visits an Eye Care Professional
2. Eye care professional prescribes the glasses
3. Patient wants to change fulfiller
4. Can go on for any number of times
5. Fulfiller gets the Rx again via Fax
6. Patient gets the prescription filled

Key Highlights
- Steps 3, 4, and 5 are big dissatisfiers for patients/members as they need flexibility to shop
Patient visits an Eye Care Professional

Physician prescribes medication

Physician/Office sends the prescription to network

Prescription is written to network with member identifiers

Consent sent and recorded

Patient goes to any fulfiller of their choice

Fulfiller requests consent and tries to pull the prescription for fulfillment

Office completes fulfillment

Patient gets the consent request on their device real time

Key Highlights

- Steps 3, 4, and 5 on previous slide are big dissatisfiers for a genuine patients/members are eliminated in new process

- Patient has the flexibility to use any fulfiller any time

- Fraud can be prevented due to real time consent

  Once fulfilled, the prescription is marked fulfilled with notes from pharmacists
Flexible Prescription Management
Business Viewpoint

Participants
- 4 Org – 4 Peers
- For now one channel
- One chain code
- Users – provider, patient, pharma, payers

Assets
- Patient ID
- Provider ID (NPI)
- Pharmacy ID
- Prescription ID
  - Prescription DATA
- PAYER ID
- CONSENT – for Member

Functions
- Query
- Update

1. Patient visits an Eye Care Professional
2. Physician prescribes medication
3. Patient goes to any filler of their choice
4. Physician/Office sends the prescription to network
5. Consent sent and recorded
6. Prescription is written to network with member identifiers
7. Fulfiller tries to pull the prescription for fulfillment
8. Office completes fulfillment
9. Patient gets the consent request on their device real time
Various questions to be answered

• Who all will run the nodes for network - Payers, Providers, Pharmacy etc.
• What all data will be on chain and off chain
• How to manage identity – Single Identity across various payers or different identities for different payers
• Consent should be revocable
• Should all retrievals of prescription be alerted to the patient
• How to manage partial fulfillment
Current Resources & Deliverables

• Use Case Document – Work In Progress
  • https://docs.google.com/document/d/1k8LDb5XuMoTDktQkB2PV0lxowjGws0ltco6QFpOvIAc/edit?usp=sharing

• Payer Subgroup Wiki Page
  • https://wiki.hyperledger.org/display/HCSIG/HC-SIG--Payer+Subgroup

• Git Hub repo
  • https://github.com/hyperledger-labs/modern-pharmacy-management