Health Systems' Experiences Implementing a Drug Price Transparency Tool: a Qualitative Study

Nicole Moon[1], Oliver H. Huang[1,], Sai Gayathri Kurup[1,], Lane Miller[1,], Aviv Stabinsky[1,], Seth Kornbau[2], Amina Mohamed[2], McKenzie Pile[2], J. Kelly Davis[2], Caroline Sloan[2]

[1] Duke University, [2] Duke University School of Medicine

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Background

- Real-time benefit tools (RTBTs) allow clinicians to estimate patients' medication costs in the Electronic Health Record
- Since 2021, CMS has required Medicare Part D plans to share cost information with RTBTs
- In 2028, all EHRs will need to include an RTBT in their base product
- Little is known about health systems' experiences implementing RTBTs

Real Time Benefit Tool and Cost Estimate

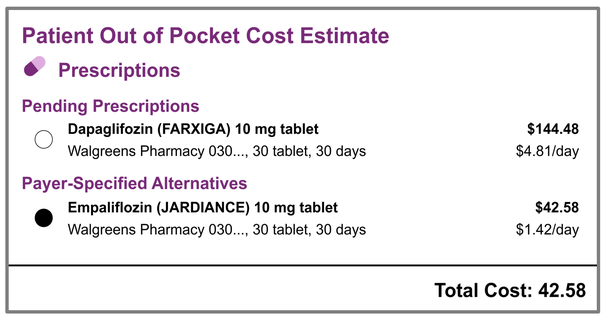

Figure 1: RTBT interface displaying patient-specific out-of-pocket cost estimates for a prescribed medication, alongside lower-cost alternatives

Objective

Describe the facilitators and barriers that health systems face when adopting RTBTs and rolling them out to clinicians.

Methodology

- **Study design:** Qualitative study of US health systems leaders from Sept-Dec 2025
- **Sample:** 12 health systems leaders recruited with snowball sampling
- **Data Collection:** Semi-structured interviews
- **Analysis:** Interview transcripts double-coded, followed by rapid qualitative analysis and matrix analysis

Participants (n=12)

Currently Practice Medicine
Yes: 7
No: 5

Years at Institution
Mean: 13 years
Range: 3–30 years

EHR USED
EPIC : 12 (All)

RTBT Adopted
Yes: 10
No: 2

Academic Medical Centers
n=9

Children's Hospitals
n=3

Integrated Health Systems
n=3

Community Hospitals
n=1

Health System Leaders' Thoughts on RTBTs

"If we ignore access to those medications...then we're not doing our jobs." — ID009

Deciding to Adopt an RTBT

Facilitators	Barriers
• Improve access to affordable medications • Adherence to treatment plans • Streamline provider workflow	• Distrust of cost estimates • Concerns of steering business away from health systems' own pharmacies

"There's a retail cost of the packaged product. But that may or may not be the cost of what's actually dispensed." — ID007

Selecting an RTBT
- Leveraging pre-existing relationships with RTBT vendors
- Maximizing availability of patient data by payer mix

"The data connections that they had available to us were applicable to our patient population." — ID008

"It certainly took effort, but I would say on the spectrum of other tools that we've implemented, I mean, this was one that was relatively easy." — ID002

Setting up an RTBT
- Few barriers to implementation (time, effort, costs)
- Coordinated by interdisciplinary teams (medical informatics, clinicians, pharmacy, IT)

"We limit the number of [medication] choices. So if I have a medication and there's five different pharmacies and seven different prices, it doesn't show all those. It just shows the five most with the greatest savings." — ID003

Configurating the Interface
- Customizable alert thresholds (for cost)
- Choice rationales (reduce alert fatigue, more convenient pharmacy)

"When you're asking somebody to do something extra and then not really sure if that data is going to be accurate or if there's even going to be data, then it's its own form of alert fatigue." — ID010

"[Training] was just a communication along with other upgrade communication that says 'here's a new feature.' " — ID006

Rolling Out to Clinicians
- Training varies (meetings, newsletters)
- Inaccurate cost estimates = low trust amongst clinicians
- Limited access to utilization and cost-savings data

"Some PBMs do this weird thing where they send back these exorbitant costs... and that does not help with the issue where providers don't trust the tool." — ID004

Feedback from Participants

- All participants would implement the tool again— however, some would consider multiple vendor contracts and setting cost thresholds if they could have a "do-over"
- Many participants wished that PBM participation in RTBTs was required and that there was a system to ensure cost data is accurate and up to date
- Some claimed improved workflow, while others noted an additional decision point

Conclusion

- Health system leaders are generally in favor of point-of-care out-of-pocket price transparency
- RTBT adoption is limited by clinician distrust
- RTBT implementation is straightforward, but sustained use requires trust, training, and data transparency

Future Directions

Expand interviews to include EHRs, PBMs, and RTBT vendors to better understand workflows, incentives, and integration dynamics

Implications

- **Policy:** Need clearer federal guidance and better clinician-level utilization data to optimize tool usage
- **Clinical/Operational:** Future research is needed to improve on RTBT workflow integration to optimize use and minimize alert fatigue
- **Financial:** Unclear revenue, cost, and incentive impacts on pharmacies, PBMs, and other stakeholders