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Project Title: Health Systems' Experiences Implementing a Drug Price Transparency Tool

Abstract:

Real-time benefit tools (RTBTs) are applications embedded in the electronic health record (EHR) that provide individualized cost estimates for prescription medications and suggest lower-cost medication alternatives (e.g., same drug at a different pharmacy or different drug in same class). When clinicians use RTBTs, medication adherence improves and out-of-pocket costs decline. Federal regulations have pushed for increased RTBT implementation in the last decade: Medicare Part D plans are now required to provide accurate cost estimates to RTBTs, and all EHRs will soon be required to include an RTBT in their base product. However, little is known about the challenges that healthcare organizations face when adopting these novel tools. We aimed to describe the facilitators and barriers faced by healthcare organizations when implementing RTBTs and rolling them out to clinicians.

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Approximately one-quarter of Americans have difficulty affording prescription drugs in the US. Real-Time Benefit Tools (RTBT) are tools in Electronic Health Records (EHR) that estimate a patient's copay and suggest lower cost alternatives. Since 2021, Medicare has required Part D plans, which covers prescription drugs for Medicare enrollees, to allow sharing of prescription drug information to EHRs. Starting in 2028, all base EHRs must contain a RTBT. Despite this, little is known about the experiences of health systems implementing RTBTs.

Our project team was in the Health Policy & Innovation theme and consisted of Duke faculty, medical students, and undergraduate students. Throughout the year, we conducted, transcribed, and summarized interviews with key RTBT stakeholders, including health systems, EHR vendors, RTBT vendors, and pharmacy benefit managers (PBMs). Through this work, we explored implementation challenges across sectors to better understand which processes are effective and which require further refinement, with the goal of informing future policy development.

To investigate the implementation of RTBTs, we focused on six key areas:

- **Adoption and decision-making:** We examined how health systems and industry stakeholders decide whether to adopt RTBTs, including the influence of financial incentives, regulatory pressures, organizational priorities, and perceived costs and benefits.
- **Implementation and operational challenges:** We investigated the logistical and administrative burden of RTBT implementation, including vendor selection, contracting processes, staffing requirements, and ongoing system maintenance.
- **Stakeholder coordination and data exchange:** We explored how cost and coverage information flows across PBMs, RTBTs, EHRs, and health systems, with a focus on challenges related to data sharing and coordination across organizations.
- **Tool design, accuracy, and functionality:** We analyzed how RTBTs are configured and used in practice, including user interface decisions, the accuracy of cost estimates, and the clinical appropriateness of recommended alternatives.
- **Clinician use and workflow integration:** We assessed how RTBTs are introduced to clinicians, the extent of tool utilization, and their impact on clinical workflows and decision-making.
- **Policy implications and future improvements:** We synthesized stakeholder perspectives to identify opportunities to improve RTBT performance and inform future policy and regulatory efforts.

For this study, we conducted semi-structured interviews with 17 health systems leaders. Health systems' reasons to adopt RTBTs included decreasing out-of-pocket costs for patients, increasing medication adherence, and streamlining clinician workflows. To implement the RTBT, health systems chose to contract with RTBT vendors that had the largest amount of payer

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coverage data in their region. Implementation in each health system was led by interdisciplinary teams and involved minimal time and costs. Health systems had the ability to customize RTBT alerts by setting varying cost savings thresholds. Health system leaders and information technology (IT) specialists typically made customization decisions based on what they thought would minimize clinician alert fatigue and interruptions to workflow.

To share the findings of our work, our team created a research poster presented at the Bass Connections Showcase. Our work was accepted as a poster presentation at the AcademyHealth Annual Research Meeting (May 30–June 2, 2026, Seattle, WA) and as an oral presentation at the Society of General Internal Medicine (SGIM) Annual Meeting (May 6–9, 2026). Our team is also in the process of developing a manuscript to further disseminate our findings to a broader academic audience.

"*As a Public Policy and Economics student, I came into this research team knowing next to nothing about the clinical medicine experience, prescription drug pricing, RTBTs, and all the other medical jargon that comes attached. In class, I had learned about the 'drug affordability' problem and thought it only pertained to the mechanisms of policy and in Washington. But through the interviews that I was able to conduct with health system leaders, it became evident that it's an amalgamation of factors, many of which are not just policy: workflow, tool-accuracy, implementation, a 'nobody told clinicians how this tool works' problem. My experience on this team showed me that the gap between how policy is written and what actually transpires requires careful study and resolution. Real-Time Benefit Tools are a great thing, but that doesn't mean that they will translate into being immediately effective. Our team achieved an understanding of why that is. I'm really proud of what we put together and getting accepted to SGIM and AcademyHealth felt like confirmation that the work mattered beyond just the confines of the Margolis office*." - Aviv Stabinsky