



HIT Perspectives

Perspectives and Updates on Health Information Technology

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ePrescribing

Presidential Primaries: Who Should Get Your ePrescribing Vote?

by Tony Schueth, Editor-in-Chief

As stakeholders in ePrescribing, you may be wondering which presidential candidates would be the friendliest toward ePrescribing, especially important given the impact Washington has had on health information technology (HIT), in general.

The most vocal candidate was Gov. Tommy Thompson, R-WI. The former secretary of Health and Human Services dropped out of the race in August after finishing 6th in an Iowa straw poll.

Among the remaining presidential aspirants, Sen. Hilary Clinton, D-NY, has advocated electronic health records on the campaign circuit and supported ePrescribing in testimony in Washington. One of the sponsors of the Wired for Healthcare Quality Act of 2007, Sen. Clinton's health care plan includes an "investment" of \$3 billion a year in HIT grants.

Her closest rival, Sen. Barak Obama, D-IL, doesn't have Sen. Clinton's record and, to our knowledge, hasn't talked about ePrescribing, but he has mentioned HIT on the campaign trail and proposed \$10 billion per year over the next five years to move the US health care system to broad adoption of standards-based electronic health information systems, including electronic health records. Furthermore, he has been endorsed by former presidential candidate Sen. John Kerry, D-MA, who would presumably have his ear and Sen. Ted Kennedy, D-MA. Both Sen. Kerry and Sen. Kennedy are strong advocates of ePrescribing, with Kerry having sponsored a bill to mandate the practice.

On the Republican side, the front-runner of the still-crowded field may be former Massachusetts Governor Mitt Romney. With Massachusetts being an ePrescribing bellwether state, Romney witnessed firsthand the value of ePrescribing during his tenure. Presumably, hometown ePrescribing advocates would have his ear.

The Republican candidate who worries us most is former New York City Mayor Rudy Giuliani. Previously a prosecutor, we are concerned that he may be more sympathetic to the Drug Enforcement Agency's (DEA) reluctance to permit electronic transmission of prescriptions for controlled substances. As we have documented in past issues, this is perhaps the largest of the remaining barriers to ePrescribing because of the challenges associated with dual methods of entering prescriptions.

With a primary today in our home state of Florida, we had the chance to ask

the Giuliani camp about this subject. While this issue is too small for him to have stated a position, staffers dodged the question and referred to Newt Gingrich, the former Republican Speaker of the House of Representatives who now runs the Center for Healthcare Transformation and is a strong advocate of ePrescribing. Even though Gingrich hasn't yet endorsed a candidate, he would naturally have influence with a Republican, should one win the White House. Furthermore, HIT, in general, could be labeled a "legacy" issue for the Bush administration, despite bipartisan support for the subject. To the degree that a Republican would have a good relationship with the next administration, the future may be bright.

In our view, it really doesn't matter who you vote for. ePrescribing has the support of both parties and better days are ahead. So, it shouldn't be a consideration when selecting a candidate.

With Washington such a hotbed for eRx, it's worthy to note that experts believe ePrescribing will be among its top priorities in 2008, according to an article in the January issue of *Healthcare IT News*. One topic will certainly be ePrescribing mandates, which were removed from the Medicare bill in December.. Though supported by the Bush administration, liberal Democrats and conservative Republicans, it has been stalled in committee, according to the January 14 issue of *iHealthBeat*. Its concern has less to do with ePrescribing than other elements of the bill.

The energy behind mandates has come from the Pharmaceutical Care Management Association (PCMA), which has lobbied, created an advertisement and assembled a coalition of various stakeholders, including physicians. The Blue Cross Blue Shield Association recently called for mandates, as well.

In reaction to the "m-word," there seems to be two schools of thought. In one, incentives are levers for changing behavior, and just getting physicians to use eRx doesn't provide the value of having them use it in a certain way. With others, the thinking is, "If the government is going to pay, why should we?" We must remind payers that there are pros and cons to both carrots and sticks. If you need expert help thinking through the options, let us know.

On related subjects, did you notice that ... **three Democratic lawmakers have formed a congressional task force** to push stalled HIT legislation, according to *iHealthBeat*. Reps. Lois Capps, D-CA, Allyson Schwartz, D-PA and Jason Altmire, D-PA will lead it. ... Nineteen senators have sent a **letter to US Attorney General Michael Mukasey** urging him to expedite efforts within the DEA to permit electronic prescribing for controlled substances, *Government Health IT* reported in December. The DEA said that it would respond to a request by Sen. Sheldon Whitehouse, D-RI, for a timeline within 60 days, so look for a Valentine's card from Joseph Rannazzisi, head of the DEA's Office of Diversion Control. ... **RxHub** announced it has 200 million lives in its master patient index and its volume has increased by 38% over 2006. ... **Walgreens** has set an objective of receiving 1.8 million eRxs in 2008 and will partner with some physician groups. ... **SureScripts CEO Kevin Hutchinson** is leaving the company at the end of January. ... **Allscripts, NextGen** and **DrFirst** have achieved SureScripts' GoldRx certification. **Allscripts also claimed it had the most ePrescriptions go through SureScripts in 2007.** ... **DrFirst has an iPhone** version of its product.

Chronic Care Management

We also understand there have been 75 responses to the Notice of Proposed Rule-Making (NPRM) on ePrescribing Standards. Unless something has changed, those will be posted for public view at some point in the near future.

Searching for Value in Personal Health Records

by Michael Solomon, Executive Editor

Are personal health records (PHRs) finally poised to take off? While results from a recent survey suggest PHRs will be a hot topic in 2008 (*Healthcare IT News*), we will consider it a year of substantial progress if PHR initiatives report real and measurable value. In the last issue of *HIT Perspectives*, **we called for PHR developers to shift their focus to self-management tools that help individuals confront the daily challenges of chronic illnesses. With this orientation, the return on investment for employers, payers and providers to fund PHRs becomes straightforward.** Below, we describe two measures that are getting the attention of current and potential sponsors of self-management systems/PHRs.

Reduction in health risk factors over time: Nebraska Medical Center's SimplyWell is tracking changes in the number of health risk factors reported through periodic, standardized assessments of individuals using its personal health management system. **A longitudinal study of SimplyWell enrollees shows a significant reduction of members with three or more health risk factors from baseline assessments.**

Adherence with prescribed regimens: A small but growing number of studies indicate **diabetic patients who use self-management tools to track their glucose readings, physical activity and diet show better levels of adherence** to these important activities compared with patients who do not.

The logical next step for both types of measures is to determine if the reduction in health risk factors and improved adherence lead to reduced medical expenses. If you know of any organizations pursuing this or similar types of ROI studies, we'd like to hear their story.

["Signals" of Change in IT for Chronic Care Management Being Tracked by POCP:](#)

The **CMS PHR Demonstration for Medicare is off and running with the start of a pilot in South Carolina.** This project is worth watching, as the PHR is sourced by claims data and will strive to identify those PHR features perceived as most beneficial by seniors.

Another payer-sourced personal health record system was announced for broad rollout after completion of a one-year pilot. Aetna is releasing its PHR offering to all subscribers this year. It has the potential to dramatically change the landscape by providing personalized alerts to members and their doctors as a means of improving self-management of care. **Using claims history along with personal health information entered by the member, Aetna's PHR system identifies possible gaps in care and lapses in patient adherence, and then sends "care considerations" in the form of secured messages.**

Will individuals embrace a PHR when instead of having to manually enter everything, the record is populated for them with information from claims data? Will payers show real progress toward a standards-based, portable PHR that will make this model that much more attractive to consumers? Insights into these key questions should come from the CMS and Aetna efforts.

A cross-case analysis of PHRs implemented at Palo Alto, Beth Israel and Children's Hospital in Boston reported in *JAMA* (Jan/Feb 2008) reveals that **patients with chronic illnesses want to connect credible health education resources and decision support tools** into their PHR. **They also want their PHR to be the platform for connecting to online communities and to share de-identified data about their health for clinical research and public health projects.**

Enabling chronic care management with IT: A reduction in a diabetic population's medical expenses along with improvement in quality care guidelines was reported by a collaborative led by Horizon Blue Cross Blue Shield of New Jersey. Horizon reports that deployment of MEDdecision's collaborative health care management application, which is based on a payer-sourced health record, to 350 practices has contributed to a significant increase in the number of patients actively controlling their disease.

Twenty-five percent of RHIO initiatives surveyed in 2006 have since closed up shop, according to the results of a recent study published in *Health Affairs*. Only 20 RHIOs reported an operational clinical data exchange. As one might expect, **the electronic reporting of test results to providers is the most popular service.** This disappointing picture of RHIO development calls into question the viability of this market for HIT vendors. But **the situation also reinforces our position that viable and sustainable business models for RHIOs are based on specific applications that cannot be provided by a single health care entity and which demonstrate a real ROI.** Chronic care applications, such as disease registries and self-management tools, are forming the core of a number of RHIOs showing promise as ongoing business enterprises.

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