



HIT Perspectives

Perspectives and Updates on Health Information Technology

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ePrescribing

Accelerating Adoption with New Ads, New Standards & New Requirements

by Tony Schueth, Editor-in-Chief

Consumers are focus of new ad campaigns

In our last issue of *HIT Perspectives*, we talked about the enormous investments in health information technology (HIT) being made by both public and private stakeholders to help consumers manage their health care. Recent developments are again highlighting the roles consumers can play, this time in terms of helping to drive adoption of ePrescribing. In other industries, providers of goods and services dance to consumers' demands, so why shouldn't they drive HIT?

Policy makers are looking to consumer pressure to help drive ePrescribing in Medicare, physician offices and in pharmacies. The Pharmaceutical Care Management Association (PCMA), the association for pharmacy benefit managers (PBMs), just launched a TV ad campaign to bolster its lobbying efforts for making ePrescribing mandatory in Medicare Part D. Called "Wake Up", the ad shows a widow in a barren cemetery throwing flowers into an empty grave as bells toll. "It's time to require ePrescribing in Medicare before more people die," the voiceover intones. Aimed at both consumers and Congress, "This ad is a wake up call to refocus the Medicare debate on patients, not just the providers who serve them. From a patient's perspective, ePrescribing is by far the most important issue in the current Medicare debate because it could save their life or the life of someone they love," said PCMA President and CEO Mark Merritt in a press release. You can see the ad on the PCMA Web site at www.pcmanet.org.

SureScripts also is looking to "patient power" to help promote ePrescribing adoption in physician offices. Leveraging its base in the nation's chain pharmacies and a growing number of independents, the company recently launched a comprehensive consumer campaign. Through a media relations effort, in-store signage and educational materials, patients are being informed about the benefits of ePrescribing. For example, they will soon begin seeing signs indicating "ePrescriptions filled here" and "Give your prescription a head start" on the front doors and counters of pharmacy locations nationwide. The campaign points to a newly created Web site, www.LearnAboutEprescriptions.com, where they are encouraged to "push" their doctors to ePrescribe and direct their physicians to the new online physician resource called GetRxConnected.com, which was described in the last issue of *HIT Perspectives*.

While many physicians are still reticent to adopt ePrescribing, PCMA and SureScripts are betting that the consumer voice can make a difference.

Driving ePrescribing through standards adoption

Just about everyone has been eagerly awaiting the new Centers for Medicare and Medicaid Services (CMS) final rule adopting the latest batch of ePrescribing standards for use in Medicare Part D. The rule was published

April 7, 2008 in the *Federal Register* and, as expected, stayed close to the results of the 2006 Medicare Modernization Act (MMA) pilots. The rule adopts NCPDP SCRIPT 8.1, prescription fill status notification, and standards for formulary and benefit information and medication history. It also requires use of the National Provider Identifier (NPI). With the exception of the NPI requirement, the rule codifies standards the industry has been using for the past several years. It provides a firm, interoperable base for the millions of ePrescriptions being sent every day through the secure infrastructure already in place.

For some - particularly physicians - the rule does not go far enough. The CMS final rule excludes three other standards that were not judged ready for widespread industry use in the 2006 MMA pilot: the RxNorm drug nomenclature, structured and codified "Sig," and a standard for electronic prior authorization (ePA) transactions. Physician groups, particularly the American Medical Association (AMA), would like the full suite of ePrescribing standards adopted in 2009.

AMA lobbyists in April called for quick action on the remaining three standards by the Department of Health and Human Services (HHS). This was again underscored by a member of the AMA board of trustees at the Brookings Institution's ePrescribing meeting on May 10 in Washington. "Prescribers should be able to efficiently transmit accurate and complete instructions for medications being prescribed, use standard medication terminology, and use real-time prior authorization," said Steven J. Stack, MD. "So, it really is essential that these three incomplete standards be finalized and fully functional in order to realize the truly robust ePrescribing benefits sought by so many."

We are delighted to have the AMA on board with ePrescribing and adopting the remaining standards. The availability of these standards will help drive use of ePrescribing. As a result, both the government and industry have been moving ahead on them. The Sig standard should be ready to pilot this summer. RxNorm still has holes remaining, which the National Library of Medicine (the developer and manager of the standard) is aggressively working to fill. The industry continues working on the ePA standard, and the Agency for Healthcare Research and Quality (AHRQ) has retained Point-of-Care Partners to help.

It is not clear when the next round of CMS rule making will take place. From a timing standpoint, it is possible to have rules for Sig and RxNorm in 2009, but ePA will take longer. That said, if you're interested in ePA, there are things that you can do in the interim. Give us a call or drop us an e-mail for more on this subject.

Heads up on a new CMS requirement

The prescription claim (NCPDP Telecommunications 5.1) includes a field for "prescription origin code," which indicates the source of the prescription. At present, this code is optional and rarely and inconsistently populated by pharmacies. However, CMS has identified it as a means of monitoring ePrescribing utilization in Medicare Part D. Details are in the 2009 Medicare Advantage (MA), Medicare Advantage-Prescription Drug (MA-PD), Cost-Based Plan, and Stand Alone Prescription Drug Plan (PDP) Call Letter. More information is available on the CMS Web site at www.cms.hhs.gov/PrescriptionDrugCovContra/01_Overview.asp.

Not only could this be useful for CMS, it could have a much more profound impact on other payers. If a claim could indicate that the prescription was created or sent electronically, pharmacy benefit managers (PBMs) could more easily - and on an ongoing basis - calculate savings for

their health plan clients. It also could help health plans and others better calculate the return on investment for ePrescribing, which can be difficult when ePrescriptions cannot be matched to claims. In addition, the ability to identify a prescription as electronic will be critically important in helping physicians obtain their bonus payments if the E-MEDS bill passes (described in the last *HIT Perspective*).

In a recent meeting with CMS on behalf of a client, I pointed out how much we support CMS mandating population of this field. In response, CMS stressed how it is critical that MA-PDs and PDPs indicate how important this field is in their formal response to the CMS 2009 Call Letter. Over the past few years, we have observed that CMS is highly responsive to such feedback. Therefore, it stands to reason that the more MA-PDs and PDPs indicating to CMS the importance of mandating this field, the better.

We recommend that you identify the person within your organization who is responsible for responding to the CMS 2009 Call Letter and work with him or her to make sure you comment on the importance of this field. In our view, this is the only way this field will be consistently populated.

Bits and Pieces

Health Evolution Partners has invested in ePrescribing vendor Prematics, Inc. As part of the deal, its chairman, **David J. Brailer, MD, PhD**, will join the Prematics board of directors. Dr. Brailer, you may recall, was the first director of the HHS Office of the National Coordinator for Health Information Technology. " ... All participants at the **Brookings ePrescribing meeting on May 10**" - including the AMA, American Association of Retired Persons, Consumers Union, US Chamber of Commerce and those representing the ePrescribing industry and pharmacies - called for **removal of the DEA prohibition on ePrescribing of controlled substances**. " ... **Speaking of the DEA, rumor has it that the long-awaited regulation will probably be issued so that industry can take its best shots at whatever is proposed**. We understand that responses were to be quite specific in terms of data on current industry privacy and security practices, costs and benefits of the proposal, and combating fraud and abuse. We will keep you posted. " ... **Success stories of HIT adoption in Minnesota** were highlighted in an op-ed piece in the *Minneapolis Star-Tribune* by former Speaker of the House **Newt Gingrich and Minnesota governor Tim Pawlenty**. " ... The **National Governors' Association's e-Health Alliance adopted an ePrescribing call to action at its May 12 meeting in Washington**. " ... In response to continuing interest in enforcement of the HIPAA Privacy Rule, the HHS **Office for Civil Rights (OCR) has added a new data section on its Compliance and Enforcement Web site at <http://www.hhs.gov/ocr/privacy/enforcement/data.html>**. It provides new information about several aspects of OCR's health information enforcement program, including charts showing state-specific case investigation results, calendar-year enforcement results graphs and charts, calendar-year graph showing complaint receipts, and yearly variation in the issues in cases resolved through corrective action. " ...

Chronic Care Management

Is the Patient-Centered Medical Home a Catalyst for Health IT Adoption?

by Michael Solomon, Executive Editor

Amidst the constant chatter in both the public and private sectors about the slow rate of electronic medical record (EMR) adoption by physicians, **a fundamental change in the structure of health care delivery is**

generating considerable interest among providers and payers. That change is the **patient-centered medical home, in which the patient's primary care physician has overall responsibility for coordination of care** across the various specialists and facilities involved in treating a particular episode of illness or chronic medical condition. The medical home, as it also is known, has several components:

- Coordination of specialty and inpatient care.
- Focus on disease management, prevention and health maintenance programs.
- Evidenced-based support for clinical decisions.
- Enhanced self-management by patients of their disease.
- Links to community support groups.
- Extensive use of Health IT to support all of the above.

Because the physical and even virtual integration of the country's 500,000 physicians into organized delivery systems continues to be an uphill battle, the patient-centered medical home has the potential to drive care delivery to an integrated model, especially when supported by a diagnosis-related group (DRG)-type reimbursement mechanism.

In fact, this idea is gaining some traction -at least among physician groups. Rick Kellerman, MD, president of the American Academy of Family Physicians, testifying before the House Ways and Means Subcommittee on Health, urged Congress to adopt a Medicare physician payment system that would reimburse physician practices for providing a patient-centered medical home to manage and coordinate care. "This model, with its emphasis on care coordination, has been tested in dozens of studies and has repeatedly shown its value because of the prevalence of chronic disease among the elderly," he said. He noted that more than 80% of Medicare beneficiaries have at least one chronic condition and two-thirds suffer from more than one. Twenty percent of beneficiaries have five or more chronic conditions, accounting for two-thirds of Medicare spending.

Recent studies have underscored the value of the patient-centered medical home. Findings of a 2006 Commonwealth Fund study, for example, show that having well-coordinated primary care is particularly important for the millions of Americans with chronic conditions. Here, too, the medical home model shows great promise. Only 23% of adults with a medical home reported their doctor or doctor's office did not give them a plan to manage their care at home, as compared with 65% of adults without a regular source of care. Among hypertensive adults, 42% of those with a medical home said that they regularly check their blood pressure and that it is well controlled. Only 25% of hypertensive adults with a regular source of care, but not a medical home, reported this. The study also found that **use of information technology - particularly disease registries and such basic care management applications as ePrescribing - are critical success factors.**

A structural change to the system may very well be what's needed for health IT adoption to take off and the key "signal" of structural change may be the patient-centered medical home. Health IT strategists and entrepreneurs who closely watch developments in this area could find themselves in the best position to meet the needs of these physician organizations as they transform into medical homes. In our next issue, we'll discuss health IT applications essential to the infrastructure of the medical home. Stay tuned.

Bits and Pieces

Congratulations to **POCP's Michael Solomon**, who was named a member of the Health Information and Management Systems Society (HIMSS) Personal Health Record Steering Committee. His two-year term will begin on July 1 and end June 30, 2010. " ... **"Signals" of change in IT for chronic care management being tracked by POCP:** For some time now, we've been advising our clients that those health information exchange initiatives with concrete support from state governors are most likely to see real, substantive progress. Well, the *State-Level Health Information Exchange Consensus Project* reports that **75% of all states are now in the HIE business to some extent**. We'll be watching this closely, especially where payers and providers are collaborating with the state governor's office - a likely recipe for success. " ... **Evidence continues to mount on how HIT can increase the quality of chronic care management.** At a recent conference sponsored by the *Partnership for Quality Care*, a number of organizations stepped up and described exciting innovations in this area. *Montefiore Medical Center's "Clinical Looking Glass"* closely monitors individuals, detecting when a care intervention is desirable and allowing care providers to identify opportunities for quality improvement in a matter of minutes. HealthPartners reported features of its EMR implementation that use demographic information to identify variances along quality measures that may be caused by language or ethnic barriers. " ... **Tizetto Group**, an IT vendor servicing most of the major payers in the US, is going private. This transaction could give the company the capital and flexibility to change the landscape in this market by developing the next-generation systems needed to support coordinated care management applications that link payers' care managers with doctors and integrate these clinical applications with the back-end claims systems. Stay tuned on this one. " ... The Canadian Medical Association has launched a PHR-type Web portal targeted at patients with chronic illnesses and their doctors. **The secure portal will support the tracking of key health indicators of individuals with asthma, diabetes and other chronic diseases.** Now if only PHR vendors in the US would direct more of their resources and efforts to this large and growing population in need of **basic, secure functions to better self-manage** their condition.

POCP News

Michele Glynn Joins Point-of-Care Partners

Michele Glynn, a veteran health care/IT professional with over 25 years of experience specializing in pharmacy benefit management and ePrescribing technology, has joined the staff of Point-of-Care Partners, LLC (POCP), as a senior consultant. "We are delighted to have Michele join us and expand our range and depth of expertise with PBMs and technology vendors," said managing partner Tony Schueth. "She complements our team, having spent a good portion of her career on the product development side."

Michele joins POCP after a successful career with Medco Health Solutions, one of the country's largest PBMs. While at Medco, Michele designed and implemented the first automated eligibility/enrollment processing system, designed and managed implementation of Medco's first ePrescribing offering and led the eCommerce division in all Health Insurance Portability and Accountability Act (HIPAA) development and implementation activities. She was also instrumental in delivering Medco's award-winning consumer Web site, as well as the initial launch of many of the site's health information centers.

Prior to Medco, Michele worked at XA Systems, a Silicon Valley

software development company, where she handled technical presentations, training, support and product enhancement design for the company's suite of software productivity tools.

Michele has been involved in NCPDP's WG11 for over 10 years and was part of both the team that originally launched the first version of SCRIPT (electronic data interface language used to communicate between physicians and pharmacies) as well as the team that readied and published the version of SCRIPT that was ultimately included in the published HIPAA guidelines.

Michele has been the recipient of numerous honors and awards, including the prestigious Chairman's Leadership Award at Medco and selection for and completion of the Women's Unlimited Leadership Training program.

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