



HIT Perspectives

Perspectives and Updates on Health Information Technology

PUBLISHED BY POINT-OF-CARE PARTNERS(POCP.COM)

SEPTEMBER 20, 2007

ePrescribing

ePrescribing Update: States and Feds Continue to Drive eRx

by Tony Schueth, Editor-in-Chief

Summers tend to be relatively quiet in the ePrescribing world; however, this summer, **Alaska decided to permit electronic prescribing.** ... Now all 50 states are "good to go," as far as SureScripts is concerned. Give them credit: after 5 years, SureScripts executives were successful in removing an ePrescribing barrier; specifically, getting states that didn't approve it to do so.

What's next? **Relaxing restrictions on ePrescribing scheduled medications.** The Drug Enforcement Agency (DEA), which has regulatory authority over the prescribing and dispensing of controlled substances, is only concerned about prevention and prosecution of fraud and abuse, not saving money or patient lives. It is fearful that ePrescribing will enhance fraud and abuse. We in the industry believe ePrescribing will reduce fraud and abuse and provide evidence for prosecution. Maybe a new attorney general, under either the current or next presidency, will get beyond this paralysis.

Word on the street is that the **DEA is gearing up for a pilot.** They put out an RFP, to which some we know have responded. We're not holding our breath, though. They've been gearing up for a pilot since we first attended a meeting they called in 2001.

While we wait on the DEA, the industry is scrambling to respond to another government agency. On October 1, **prescribers will be required to write Medicaid prescriptions on tamper-resistant prescription pads.** While eRx is a suitable alternative, what about the printed prescription? By law, eRx and EMR systems must accommodate the pharmacy of the patient's choice. Not all pharmacies can receive an eRx. Sometimes, the patient doesn't know which one he or she wants to visit or isn't ready to go straight there. Then we have the aforementioned issue of controlled substances. Regardless, eRx and EMR systems must be able to print prescriptions and hand them to patients. They are going to have to deal with the non-reproducible paper issue.

By way of background, this law was hidden in an Iraq appropriations bill by a staff member of Sen. Dick Durbin (D-IL). The model was New York, where a similar program saved the state \$30 million a year. The idea is to eventually save Medicaid millions when the program is extended nationally. Extensions have been sought, but CMS has issued two rounds of guidance stating that the date stands.

Another government move that has the industry in an uproar is the **elimination of faxes for computer-generated prescriptions**, which was communicated in July in a notice of proposed rule making (NPRM). The concern is that this rule may drive some on the edge of ePrescribing away

from computers and back to paper, thereby creating a "capability gap." The industry wants more time and is encouraging CMS to put pressure on the DEA (as if it hasn't been doing so since the MMA was signed into law) and implement incentives.

Minnesota Governor Tim Pawlenty's ePrescribing mandate has been getting a lot of attention. The Republican governor's administration has said that by 2011, **physicians with state employees as patients must use ePrescribing**. In New Hampshire, Anthem is giving away ePrescribing through the NEPSI program. While many payers aren't enamored with the Allscripts-Microsoft-Intel program, we suspect to start seeing more and more announcements around NEPSI.

On August 13, **RxHub** issued a press release saying that it **saw a 30% increase in patient encounters in the first half of 2007**. This is meaningful because it shows growth. In the absence of good adoption data, this is about as good as we can get. (We have our own sources and adoption estimates that we provide to our clients, but they could admittedly be better.)

RxHub has been working with the Pharmaceutical Care Management Association (PCMA), the trade association for pharmacy benefit managers (PBMs). In our last issue, we outlined a study PCMA had released in July, in which it cited that **millions of Americans aren't taking their prescriptions appropriately** and that ePrescribing can help. (For example, 51% of patients with high blood pressure stick with their medications and 20% of prescriptions go unfilled.) **It has also added connectivity to Aetna and ACS**. Don't be surprised if there are other such announcements in the near future.

In August, **SureScripts launched the Center for Improving Medication Management** with the Medical Group Management Association (MGMA), Humana, Intel Corporation and the American Academy of Family Physicians. The intent is to gather and disseminate best practices for the deployment of technology that electronically link physicians, pharmacists and patients. They're going to fund peer-reviewed research and other such things with organizations like the Rand Corporation. We applaud the initiative.

Other odds and ends ... In August, **Sen. John Sununu (R-NH) reintroduced legislation to provide financial incentives to physicians who write electronic prescriptions** under the MMA. You have to wonder if this is going anywhere because they'd "rob Peter to pay Paul," reducing the amount they'd pay pharmacies to fill the prescriptions. ... We understand that former RxHub CEO and current Chairman of the Board of Prematics **Jim Bradley is its interim CEO**. ... Two-thirds of health care leaders responding to a survey by *Modern Healthcare* believe that **adoption of IT is the best way to reduce medication errors**. ... In July, **Sprint agreed to provide one phone each to 1,000 licensed prescribers** who sign up for the National ePrescribing Patient Safety Initiative (NEPSI). ... A story in the September 6 issue of the *Washington Times* cited **physician apprehension as the key to slow adoption of ePrescribing technology**. ... A story in the September 6 issue *USA Today* observed **that electronic decision support works as an aid to physician judgment** but doesn't replace it. It cuts errors by reducing the burden of memory.

Chronic Care Management

Chronic Care Management Update: Advancing HIT to Support the USA's Biggest Health Problem

by Michael Solomon, Lead, Chronic Care Management Practice

Physicians without access to electronic health records (EHRs) were more likely to comply with chronic care guidelines than their counterparts who use EHRs. This conclusion from a study published this summer in the *Annals of Family Medicine* caused quite a stir in the industry but was not a surprise to us. First of all, the researchers were actually exploring the effect of electronic medical records (EMRs) and not the more expansive EHR. This is an important distinction that we make with our clients every chance we get. Our projects (and evidence in the literature) show substantive gains in adherence to care guidelines and medical costs savings when physicians have access to electronic information about patients' treatments rendered by other providers. Only when a true EHR is in place, containing a longitudinal record of the patient's care obtained from a variety of sources (e.g., provider-based EMR systems, patients themselves and payers), can physicians rely on HIT to help them and their patients adhere to care guidelines. This summer's statewide rollout of Availity's Care Profile is testimony to physicians' need for this information. Recent developments at certain regional health information organizations (RHIOs) to build health information exchange (HIE) infrastructure supporting chronic care management are also an important step in the right direction. More on these initiatives later.

The other major reason why EMRs are not yet demonstrating clear value in improving care management for the chronically ill is the lack of tools to support ongoing care management of the chronically ill population. The leading ambulatory EMR systems on the market are very effective in helping physicians manage the clinical activities at the point of care. They are ill-equipped to help physicians and their patients proactively detect the need for screening of a potential medical problem and monitor compliance with treatment guidelines. The *Center for Information Technology Leadership* (CITL) recently published a report projecting significant improvements in clinical outcomes and cost-of-care savings with the implementation of patient registries and self-management technologies for diabetic populations. Until EMR vendors offer applications to support chronic care management, provider organizations will be forced to spend time and money interfacing to their EMR systems specialized disease registry and clinical decision support products from Axolotl, DocSite, Kryptiq, and other companies offering chronic care management software for providers.

This summer **reality set in for the emerging RHIO** market as stories about the demise of initiatives in different parts of the country trickled in. While it is fair to conclude that this is a natural process in a nascent market, there are lessons to be learned from these unfortunate events. The *California Healthcare Foundation's assessment of root causes of the failure of the Santa Barbara County Care Data Exchange* is a "must-read" for anyone with a stake in the success of an RHIO. A key finding was the lack of "a compelling value proposition" for investors. RHIO innovators give us a glimpse into a value proposition we believe has great promise.

The cornerstone of the Tampa Bay RHIO's portfolio is data exchange services to help its provider participants support the disease management of pediatric asthma and adult diabetes populations.

Connectivity to hospital discharge summaries, medication history, and lab results helps provide the EHR-level information needed to manage these patients. **The Vermont Information Technology Leaders group is developing a chronic care information system for use by physicians to manage patients with diabetes.** A common characteristic of these RHIO initiatives and others gaining momentum is **active leadership and support in the form of money from the state governments.** The Tampa Bay RHIO has received state grants two years running and is also working closely with community health centers on programs to enable providers to better coordinate the care of the Medicaid population. **Community Health Alliance recently went live with a Diabetes Registry containing 5,000 patients and links to laboratory systems and primary care practices** throughout Humboldt County, CA. The collaboration of local government agencies with community providers and payers is a critical factor in the success of the Alliance's HIE programs. **RHIO initiatives in California, South Carolina, Tennessee and elsewhere are making the connection between HIE services to support chronic care management and funding from the state to help improve the quality of care for Medicaid patients.** Point-of-Care Partners is closely tracking the progress of eight RHIO/HIE initiatives around the country in which chronic care management is a strategic priority. In future issues of *HIT Perspectives*, we'll share with you the latest from our ongoing scan of these innovative organizations.

[Subscribe](#)[Contact Us](#)[Unsubscribe](#)