
EPRESCRIBING PERSPECTIVES

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1. What Does NEPSI Mean to ePrescribing?

On January 16, the National ePrescribing Patient Safety Initiative (NEPSI) was introduced with a kind of fanfare rarely seen in ePrescribing. On the PR meter, the announcement was on the same scale as the formation of RxHub and SureScripts, the launch of the WellPoint ePrescribing initiative and CafeRx.

In case you're not aware, NEPSI provides free ePrescribing to every physician in the country. The NEPSI coalition includes Aetna, Allscripts, Dell, Fujitsu, Google, Intel, Microsoft, Sprint Nextel, SureScripts, WellPoint and Wolters Kluwer Health. There are also a number of regional sponsors such as Horizon, and such local sponsors as Brown and Toland Medical Group in San Francisco and University of South Florida Physicians Group in Tampa, Florida.

What's not in the press release is that "free" does not include hardware, practice management system integration and Internet connectivity *unless* it is provided by a national, regional or local sponsor.

Since the service is available on the Web, the hardware just needs access to the Internet. That hardware could be a PC, which most physician offices have today, with Internet access. If mobility is desired, it could be a tablet or handheld device with wireless connectivity. It could also be a PDA with wireless access, such as a Handspring Treo or Blackberry.

The service has formulary, medication history and eligibility through RxHub and two-way access to pharmacies via SureScripts. Wolters Kluwer's Medispan is the drug knowledge database supplying drug utilization review.

Is this good or bad for ePrescribing? Well, it depends on your perspective.

Those who are a part of the coalition are feeling pretty good these days. Word is, within the first 1½ days, 7,000 physicians had signed up. The announcement got picked up in nearly every trade and many mainstream publications. From a PR and marketing perspective, it was a huge success.

Those who compete with Allscripts may not think so, for it may be a downward force on pricing for companies whose margins are already thin. The truth is, however, that execution is key and companies (including Allscripts) that execute can charge a premium for that. Remember, if the physician doesn't use the system, no one benefits.

For those who are stakeholders in ePrescribing, well, the jury is still out. Publicity is a good thing in the short term, but we've seen that before. We've also seen programs that offer ePrescribing for free and watched physicians sign up in droves. This is the first time it's being done on a national basis, though.

We think the key is the national, regional and local sponsorship. We know that the majority of physicians won't buy their own hardware. We also know that integration with practice management is important, as is mobility. Because of some changes in federal laws, sponsors may be able to do this for physicians now.

Equally important is execution. We know that as the leading ePrescribing software and service provider, Allscripts has written the book (literally). We suspect it's applying those learned lessons to its Internet model.

If NEPSI is successful, the rising tide will raise all ships. If not, it will be just another hurdle for the industry.

2. What's Up With the ePrescribing Pilots, Anyway?

We started 2006 with much fanfare (at least in *ePrescribing Perspectives*) about the Medicare Drug Improvement and Modernization Act of 2003 (MMA) ePrescribing pilots. The Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ) invested upward of \$7 million in five pilots. The industry hasn't heard much about them since then, outside of periodic updates in our eNewsletter and a presentation at a conference here and there.

The reasons are multiple, but revolve around timing. Though they were announced in the legislation and CMS officials told the National Committee on Vital and Health Statistics (NCVHS) that the pilot request for applications (RFAs) would be out in the March-April 2005 timeframe, the RFAs weren't released until September and awards weren't made until December 24, 2005. Because of this, the pilots spent a great deal of early 2006 just putting the structure in place, refining the pilot construct, negotiating contracts, etc.

Those of us who have built software applications know how challenging it must have been for those who had to both build and pilot test technology in far less than one year. Consequently, pilots were "nose-to-the-grindstone" for much of the year. Some components didn't actually run in a live environment for an optimal amount of time. Despite that, good information will most definitely come from them.

Depending on the pilot, more than a dozen different study methods were being executed. Because of logistics, many of these tests didn't happen until the third or fourth quarter and findings are, frankly, still being analyzed. Pilot reports were due at the end of January.

In November, CMS and AHRQ finally named an evaluation contractor, the National Operations Research Center (NORC). Its job is to put together the MMA-required report for Congress, looking at findings across the pilots and distilling them into one document. A draft of that document was due January 15 because it has to go through "clearance" before it's submitted to Congress in April.

Point-of-Care Partners is a lead subcontractor for one of the pilots, the New Jersey ePrescribing Action Coalition. The principal investigator (PI) is Douglas Bell, MD, PhD, a faculty member at the RAND Corporation who has published peer-review journal-quality studies on ePrescribing.

None of the pilots are supposed to reveal their findings prior to Congress receiving the report, so don't expect to see much before April. We have argued that some pockets of stakeholders, such as the standards development organizations (SDOs), need to know before April in order to make progress on the time-consuming process of developing standards. That's going to be tough to pull off, though, because SDOs are public entities.

In addition, most of the coalitions plan to publish their findings separately in peer-reviewed journals. Each have rules and releasing findings before publication may negate a coalition's ability to publish.

So, the industry will have to rest assured that some good information - a treasure trove of good information - is going to come out of the pilots and wait until April to learn their findings. In the grand scheme of things, that's not so far away. And we'll have time before 2009.

3. News and Announcements

Since our last issue, the following announcements have been made relative to ePrescribing:

- § On January 29, **Blue Cross Blue Shield of Florida (BCBSF)** announced that, as part of its Recognizing Physician Excellence program, it is providing financial incentives to providers who adopt health information technologies such as electronic medical records and e-prescribing. BCBSF also announced that it has enlisted **Epocrates**, the leading mobile and online drug reference guide to provide information to physicians.
- § On January 29 at the World Economic Forum in Davos, Switzerland, **Intel** Chair Craig Barrett touted using technology to track medical records. The forum is committed to improving the state of the world by engaging leaders in partnerships to shape global, regional and industry agendas.
- § In his State of the Union address on January 23, **President George W. Bush** said, "We need to reduce costs and medical errors with better information technology." This was the fourth year in a row that President Bush has mentioned health care IT. His speech was given to the 110th Congress. Did you know it includes 11 medical doctors (including a psychiatrist), three dentists, three nurses, two veterinarians, one psychologist, an optometrist, and one pharmacist who understand the value of information technology?

- § On January 25, **Allscripts** and **Wolters Kluwer Health** announced a new partnership whereby the two will work together to develop customized clinical content, including customizable documentation templates, order sets, care plans and best practices for use in the TouchWorks and HealthMatics Electronic Health Record tools and other Allscripts applications.
- § On January 23, *iHealthBeat* published the results of a **Dell**-sponsored Zogby International poll in which 73% of Texans predicted that ePrescribing would have a positive impact on them. In addition, 58% of respondents thought the Texas health care system needs to be reformed. Results are based on an online survey of 1,040 adults in Texas between December 8 and 11, 2006.
- § On January 23, **WellPoint** and **General Motors** announced the launch of an electronic-prescription pilot program for 100 physicians in Dayton and Warren/Youngstown, Ohio. Physicians will be reimbursed \$750 for computer hardware and \$40 per month for the cost of the ePrescribing service. WellPoint said other ePrescribing programs have resulted in changes to 2% of prescriptions because of alerts about safety concerns.
- § On January 22, **SSIMED** announced it had achieved **SureScripts** certification. SSIMED is an electronic health records vendor.
- § On January 17, **SureScripts** announced its first electronic prescription had been transmitted in Washington, DC - less than a month after the DC Board of Pharmacy adopted new rules legalizing ePrescribing. The recipient was a DC-based **RiteAid** pharmacy.
- § On January 10, **Independence Blue Cross** announced it had expanded its ePrescribing pilot, adding 350 physicians. IBC had offered membership to 500 physicians in September 2005. So far, more than 265 physicians are writing prescriptions electronically using **ZixCorp's** Pocketscript.
- § On January 8, **LighthouseMD** announced it will offer a partial subsidy of its Caretracker solution for ePrescribing. LighthouseMD is a provider of revenue cycle management, practice management and clinical workflow solutions. The program is available in Rhode Island through the end of 2007.
- § On January 3, **DrFirst** announced it has promoted G. Cameron Deemer to president. Mr. Deemer, who had served as senior vice president and general manager, brings more than 12 years of health care industry experience to the position.
- § On January 2, **Employers Health Purchasing of Ohio**, which is composed of employers that combined pay medical bills for about 430,000 employees, announced a pilot program to encourage more physicians in the Akron-Canton area to prescribe electronically. The group is working with **Caremark Rx** and targeting 25 area physicians to use the **iScribe** system.
- § On December 28, **ZixCorp** announced it was getting half of a 500-physician pilot and would receive \$1 per qualified prescription. It didn't say where, though.
- § On December 28, **ZixCorp** announced an agreement with **Blue Cross Blue Shield of Massachusetts (BCBSMA)** for a premium payer services funding model. Zix says this funding model provides access to future value-added services and delivers enhanced reporting for both payers and providers. This is additional to the annual subscription fee per prescriber and is typically \$1 per qualified script processed or, as in this case, a flat fee license based on historical usage patterns calibrated to yield a similar amount.
- § On December 21, **Department of Health and Human Services** Secretary Michael Leavitt announced that more than 100 companies had agreed to participate in President Bush's effort to advance health through health care IT. According to *Healthcare IT News*, these companies agreed to four areas of the Bush plan, one of which is adopting health IT standards.
- § On December 20, a program whereby 75 patients in New York and North Carolina would carry their medication history with them was announced. The patients will download their medication history onto flash drives from **SureScripts**, which will compile the histories from patient data at participating pharmacies, including **Brooks, Eckerd, Kerr Drug, RiteAid, Stop & Shop, and Walgreens**. The flash drive also will store patient demographic and insurance information. The lead vendor for the project is **IBM**. Patients will use the **CapMed** Personal HealthKey flash drives.
- § On November 30, **DrFirst** announced it has been ranked first in electronic prescribing volume within the **SureScripts** network for the 12th consecutive month.

ABOUT US

Point-of-Care Partners, LLC is a growing health information technology (HIT) consulting firm with active practices in electronic health records, ePrescribing, chronic care management and personal health records. We help organizations develop and execute

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