
EPRESCRIBING PERSPECTIVES

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1. HHS Names MMA ePrescribing Pilot Awardees*by Tony Schueth, Editor-in-Chief*

At the American Health Information Community (AHIC or the Community) meeting on January 17, HHS Secretary Mike Leavitt announced the launch of a pilot project to test initial ePrescribing standards. Subsequently, HHS released the names of four coalitions that will conduct the study. These are the long-anticipated 2006 pilots called for in the Medicare Drug Improvement and Modernization Act of 2003 (MMA).

The project is being conducted through competitively awarded cooperative agreements totaling nearly \$6 million and will run during 2006. The awardees named in the press release are:

- New Jersey ePrescribing Action Coalition, an industry-academic partnership involving the RAND Corporation; Horizon Blue Cross Blue Shield of New Jersey; the ePrescribing vendors Allscripts, iScribe and InstantDx; Caremark's mail-order pharmacy and pharmacy benefit management plans; routing companies RxHub and SureScripts; Walgreens retail pharmacies; the University of Medicine and Dentistry of New Jersey (UMDNJ) and Point-of-Care Partners (POCP).
- Brigham and Women's Hospital in Boston, in conjunction with Massachusetts physician practices.
- SureScripts, in partnership with Brown University and five vendors (Allscripts, DrFirst, Gold Standard, MedPlus/Quest Diagnostics and ZixCorp).
- Achieve Healthcare Information Technology, in conjunction with Minnesota nursing facilities associated with the Benedictine Health System and Preferred Choice Pharmacy.

You can access the press release at <http://www.hhs.gov/news/press/2006pres/20060117a.html>. Here are some observations, insights and perspectives that you probably won't read anywhere else:

- POCP is a subcontractor to the RAND Corporation in the New Jersey ePrescribing Action Coalition, as is UMDNJ. HHS left us out of the press release for unexplained reasons. RAND includes us in its release and we are prominently mentioned in the abstract.
- If you want to see those abstracts, go to <http://www.gold.ahrq.gov/Index.cfm>. Then pick HS06-001 from the drop-down menu at the bottom ("Search Grants by RFA Number").
- Awardees have known their fate since December 24, but were asked to keep it confidential until Secretary Leavitt made the announcement. It was a pretty well-kept secret until January 9, when the Agency for Healthcare Research and Quality (AHRQ) posted the awardee abstracts. Apparently, the link above was posted on investment message boards for publicly traded ePrescribing companies.
- As we reported in the October 15 issue of *ePrescribing Perspectives*, the Centers for Medicare and Medicaid Services (CMS) received 30 letters of intent to respond to the RFA. In her December testimony to the National Committee on Vital and Health Statistics (NCVHS), Karen Trudel, deputy director of the CMS Office of eHealth Transactions, said there were 14 applicants. The highly accelerated timeframe and magnitude must have weeded out a number of them. Perhaps, that was the intent.
- This was a competitive process. Submissions were screened by CMS to meet criteria specified in the request for application

(RFA) and then scored by peer reviewers. We hope that all coalitions will now collaborate to give CMS the best results possible. While we can't speak for all the coalitions, we know that is the intent of one of them.

- A review of the coalitions is telling. Even though the pharmacies aren't identified, the SureScripts coalition is pharmacy-centric, with five of the leading ePrescribing companies. The Achieve group is focused on long-term care, an especially important constituent to Medicare. The Brigham and Women's pilot is based at one of the nation's most prestigious healthcare institutions and involves two health care information technology superstars: David Bates, MD, MSc, the medication safety guru, and John Halamka, MD, PhD, who has been called the "poster child of medical informatics." The New Jersey coalition is led by the prestigious RAND Corp. and involves leading ePrescribing stakeholders. It's also based on a successful, mostly ambulatory implementation.
- The coalitions will be testing "initial standards," which include NCPDP SCRIPT's drug history and fill status functions, the NCPDP formulary & benefit standard, RxNorm, structured and codified SIG (prescription instructions) and prior authorization transactions. While we are not privy to all of the applications, we know that each group has a slightly different methodology for testing standards.
- CMS had proposed making drug history and formulary & benefit foundation standards; however, industry feedback was that those transactions didn't have adequate industry experience. Presumably, the pilots will show that these standards have such experience. They'll also give companies time to get these functions in place before they are required.
- Fill status is a mature component of SCRIPT that isn't used, has been rarely tested, but has the potential to help with adherence. RxNorm is an evolving drug nomenclature the industry is struggling to adopt because it isn't granular enough. Prior authorization is a much-needed function, particularly after the launch of Medicare, Part D, but the pilot is scheduled to test only one piece of the puzzle – the X12N 278. Structured and codified SIG is a hotly anticipated addition to ePrescribing. It is hoped that the pilots will help CMS sort out the value of these standards to the industry.

During 2004 and 2005, CMS received its ePrescribing education from NCVHS testimony. While every attempt was made at balance, these were expert observations and opinions that represented their respective organization's position. In 2006 and 2007, CMS will learn from the pilots using scientific, objective methodology. The findings will be reported to Congress by April 2007.

2. What to Make of AHIC Not Having an ePrescribing Work Group

The American Health Information Community (AHIC or the Community) has arguably become the most influential body in health care information technology (IT); however, ePrescribing is not among its work groups. There is a message for ePrescribing stakeholders, but it may not be what you think.

The brainchild of HHS Secretary Mike Leavitt, AHIC was formed in September 2005 to help advance President Bush's call for electronic health records in 10 years. Its 17 members come from government and the private sector and includes ePrescribing stakeholder Kevin Hutchinson, CEO of SureScripts.

The Community has met three times and has decided to focus on three "potential breakthroughs": (1) consumer empowerment, (2) health improvement and (3) public health protection. ePrescribing is a component of health improvement.

During its January 17 meeting, it was announced that four workgroups had been formed. According to *AHA News*, the first will work on reporting emergency department, utilization and other important data from existing hospital and ambulatory care IT systems to public health agencies. The second will be tasked with creating electronic registration information and a medication history for consumers. Another work group will focus on improving chronic care management, and will start by creating capabilities for secure messaging between patients and clinicians. Also, an electronic health records (EHR) work group will focus on the exchange of laboratory results and analyses.

ePrescribing was not named a work group because AHIC members don't want to wait for analysis and review. In the discussion following the November 29 presentation, Craig Barrett, PhD, chairman of Intel, called ePrescribing "the lowest of the low-hanging fruit" and asked, "Why don't we just do it?" He was saying that ePrescribing has value for all stakeholders, we've been working on it for years now, so let's just mandate electronic prescribing.

In the ensuing discussion, HHS officials tried to explain that this was discussed during the MMA debates and Congress chose "carrots" that are currently being implemented over the "stick" of mandates. At the January 17 meeting, the Community received an update.

In comments during that meeting, Mr. Hutchinson said that he agreed with the decision not to create an ePrescribing work group. We

are in line with Mr. Hutchinson and the Community as long as they continue to keep their eyes on ePrescribing through progress reports at meetings. HHS will have to prioritize, and Community projects will get the resources and attention.

Our concern is that some within the Community may see ePrescribing as a relatively quick “win” because so much work has been done over the years. While it’s true that much has been done, more is needed. If ePrescribing takes a back seat to AHIC work groups, we may lose an opportunity. ePrescribing is a cornerstone of President Bush’s 10-year EHR objective. If it fails to gain adoption, that target may prove elusive and bring down the entire structure.

3. News and Announcements

In the two months since our last issue, a lot has happened in ePrescribing, despite the holidays. Here’s a list of news and announcements:

- On January 17, **DrFirst** announced it had been chosen by **Blue Cross Blue Shield of North Carolina** for a collaborative program targeting 1,000 physicians to promote the adoption and use of ePrescribing.
- On January 17, **The National Institute of Standards and Technology** announced in eHealth Business that it has created a Web site called “Health Care Standards Landscape,” which will allow users to search for information on health care standards and organizations that are developing, promoting or using them. Sounds like it could be a good resource for ePrescribing stakeholders.
- On January 16, **SureScripts** announced the formation of a clinical advisory council of seven physicians who will help guide its strategies concerning health information technology and adoption.
- On January 14, a group of 14 organizations announced plans to influence electronic health records in long-term care. The group believes that the focus of the EHR initiatives are in the hospital and ambulatory arenas. “If we just fix what happens between hospitals and physicians, we’re not going to achieve much,” said Russell Bodoff, executive director of the **Center for Aging Services Technologies**, a coalition of more than 400 technology companies, aging services organizations, research universities and government representatives.
- On January 13, **Independence Blue Cross** announced the launch of a 12-month, \$1 million ePrescribing program, and has chosen **ZixCorp** and **Allscripts** as its vendors.
- On January 11, the American Society of Health System Pharmacists and ScriptIQ announced plans to integrate the AHFS therapeutic classification system with ScriptIQ’s NDC-11 US drug database.
- On January 10, **RelayHealth** announced that it had joined **GE Healthcare’s Centricity** Physician Office Partner Program. Through this program, hospital systems and medical groups can leverage GE’s core competencies with expertise of select market leaders. RelayHealth has online visit, personal health records, ePrescribing, online appointment and lab results features.
- On January 10, **SSIMED, LLC** announced that it has entered into a partnership with **RxHub**, an electronic router of patient-specific medication history and pharmacy benefit information. SSIMED produces electronic medical records software.
- On January 10, **Wolters Kluwer Health** announced the release of a new version of its application-programming interface. The newest version of “the Bridge” is faster, provides greater emphasis on patient safety and is easier to program. It allows software to access multiple **Medi-Span** drug databases.
- On January 9, **Tufts New England Medical Center** released a study showing that medical errors could be reduced if collection were accelerated via technology. It stated that the number of errors are in line with statistics put forth by the **Institute of Medicine** in 1999 – To Err Is Human.
- On January 9, **Medsphere System Corporation** acquired **Clinical Informatics Associates Incorporated (CIAI)**, a provider of modular VistA – EHR software solutions onto which it has added ePrescribing. VistA was developed by the **US Department of Veteran Affairs**.
- On January 5, the **Greater Rochester IPA (GRIPA)** signed an agreement with **HealthVision** for clinical data exchange. GRIPA will additionally deploy HealthVision’s electronic prescribing, referral management and electronic health records interoperability.

- On January 5, **Allscripts** said that **Access Medica** has chosen its TouchWorks EHR to connect and automate physicians in communities across east Texas, in an agreement valued in excess of \$1.4 million.
- In December, the **Pittsburgh Foundation**, via the **Highmark eHealth Collaborative**, announced that **MedPlus/Quest Diagnostic's Care360**, **Allscripts** and **RxNT** had been selected as a preferred tool. On November 15, Highmark, Inc. announced it is contributing \$26.5 million to the Pittsburgh Foundation, which will use the funds for an ePrescribing initiative. Physicians receiving funds must use ePrescribing software that links to the network of **RxHub LLC** to check formulary compliance and drug/allergy alerts, as well as the network of **SureScripts** to transmit prescriptions to pharmacies.
- On December 20, the **National Committee on Vital and Health Statistics (NCVHS)** sent a letter to the Secretary of Health and Human Services recommending that the **National Council for Prescription Drug Programs (NCPDP) SCRIPT v8.1** be named an electronic prescribing standard. NCVHS was responding to industry testimony during its December meeting.
- On December 19, it was announced that the **US House of Representatives** has approved \$111.7 million to support programs backed by the **Office of the National Coordinator of Healthcare IT (ONC)**, according to *Government Health News*. This was less than the \$125 million requested by President Bush, but \$16 million more than the amount approved by the **US Senate**.
- On December 5, **ProxyMed** announced it is now doing business as **MedAvant**. The company's ticker symbol remains the same.

ABOUT US

Point-of-Care Partners, LLC is a growing eHealth consulting firm with active practices in Electronic Health Records, ePrescribing, regional health information organizations (RHIOs). We help organizations develop and execute winning strategies based on lessons learned, current trends and key drivers.

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