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## EPRESCRIBING PERSPECTIVES

March 23, 2007 Edition

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#### **1. Where Are We With ePrescribing, Anyway?**

*By Tony Schueth, Editor-in-Chief*

The Healthcare Informatics and Management Systems Society (HIMSS) Annual Conference and Exhibit is a seminal event in health information technology (HIT). That is why we attend every year.

This year, while speaking with one of our better clients, for whom we do both ePrescribing and other HIT strategy and management, we were taken aback by his challenge. “I’ve been involved in ePrescribing for a long time and it’s always two years away,” he observed. “What makes it different now?”

Well, if *we* can’t answer a question about what’s different and exciting about ePrescribing, we shouldn’t be in this business. Of course, we can and we did – and in a very objective manner, by the way. Although we’re *passionate* about ePrescribing, we’re not *advocates*. Our ability to be realistic is why we’ve stayed involved and have thrived in ePrescribing over the years while many of our brethren have moved on.

Answering that question for your stakeholder category and company is one of the things we do in our strategy, management and marketing engagements, and it depends on the lens through which you view health care. That said, we suggest that this issue has more clues than any other to answer the question about where we are and pace of ePrescribing adoption. The sheer volume alone is impressive.

In the following article, Sherry Neuman examines the evolving ability to write and transmit Schedule II controlled substances electronically and explains why it’s meaningful. We’ve been waiting for years for the Drug Enforcement Agency (DEA) to get its act together. The DEA is always talking to key members of the ePrescribing community and claiming that something is “right around the corner.” Well, states aren’t waiting.

The bulk of this issue is news and announcements. The E-Rx Collaborative in Massachusetts, RxHub and the Oakwood Healthcare System (OHS) in the Detroit, Michigan-area recently announced some impressive numbers.

In addition to Massachusetts and Michigan, this issue reports on ePrescribing activity in 13 other states, eight of which have real, current, impressive ePrescribing statistics. Three others – Illinois, Florida and Tennessee – are just getting started. Tennessee’s governor is behind the activity there.

And the best is yet to come! On April 1, 2007, the Medicare Drug Improvement and Modernization Act of 2003 (MMA)-directed report to Congress is supposed to be released, along with individual reports from the five MMA ePrescribing pilots. As we’ve written before, this will be a watershed event –and it won’t stop on April 1. Some of the research that was done in 2006 are still being analyzed and will be released to peer review journals throughout the year, so stay tuned.

#### **2. ePrescribing Rules and Regulations Update**

*By Sherry Neuman, PharmD, Contributing Writer*

If you haven’t considered pharmacy board ePrescribing rules and regulations, you may get a slap on the wrist – or worse, be banned from doing business in a state. If you’ve turned your attention away from them, you may have missed the many changes that have taken place in the past couple of years.

For example, are you aware that 22 states now allow faxing of Schedule II controlled substance (C-II) prescriptions and 6 even

permit their electronic transmission? Sure, a hard copy is required before a pharmacist may actually dispense such medication to a patient. Nevertheless, this is meaningful because allowing prescribers to utilize your eRx application to write these prescriptions means they won't have to "break the habit" and pick up an Rx pad and pen. They can send the script electronically and print a hard copy without ever putting down the device. And the prescription gets recorded in the patient's medication history. It's a well-known fact that one of the biggest barriers to retention of physician users is when a medication cannot be prescribed using the device; once a doctor puts it down, it's far too easy to continue handwriting prescriptions and not pick it back up.

Of course, we are aware that some eRx network intermediaries won't accept C-IIs for transmittal to the pharmacy. They're probably aware of these numbers because they track these issues as closely as we do. In fact, we know they are often consulted before state boards of pharmacy and federal agencies make certain decisions.

However, as intermediaries, they have a different focus and different pressure points. As consultants, it is our mission to find out what's important to you and to make sure you have all the information you need to promote your products and features to the fullest.

If you're interested in obtaining the most current information relative to rules that impact your ePrescribing application, don't hesitate to contact us. We've captured them in the POCP 50-state eRx Rules and Regulations database.

### 3. News and Announcements

The period since our last issue has been one of the most active relative to ePrescribing news and announcements, partly because of the HIMSS Annual Conference and Exhibit and possibly representing a trend:

- § On March 20, the *Florida Times-Union* published an article indicating the **Florida pharmacies** are embracing ePrescribing, and that Jacksonville and Ft. Myers pharmacies had the highest volume. **Panama Drugs** in Jacksonville fills 250 eRx daily, and it found that it saves 2 minutes per prescription.
- § On March 20, *iHealthbeat* published a summary of a *Modern Healthcare* article about CPOE adoption. In summary, adoption remains low but is slowly increasing. Fifty-six percent of hospitals responding to a survey said they plan to adopt CPOE within one year, as compared to 38% last year. According to the Leapfrog Group, 6.7% of hospitals said they pass 75% of all of their orders through a CPOE system.
- § On March 15, the West Virginia State Journal said that **West Virginia** lawmakers held a special session to allow providers to send electronic prescriptions through an electronic intermediary. The state is just one of two that does not permit the transmission of electronic prescriptions. On March 10, both chambers of the West Virginia Legislature approved the ePrescription bill, but it did not officially pass the Legislature due to a technical problem found by legislative attorneys, the *State Journal* reports.
- § On March 15, **Prematics** announced a groundbreaking new initiative with **Capital BlueCross** to provide Central Pennsylvania and Lehigh Valley physicians with its ePrescribing solution free of charge. Prematics claims to be the nation's only "comprehensive, end-to-end electronic prescribing service." Word is that its *ScriptOne* ePrescribing service has an impressive user interface.
- § On March 14, the **Certification Commission for Healthcare Information Technology (CCHIT)** issued its 2007 criteria for certifying ambulatory electronic medical records. New requirements this year include the ability of EMRs to transmit prescriptions and refill requests to pharmacies. The criteria will include a roadmap forecasting additional requirements in 2008 and 2009.
- § On March 8, **RxHub** and the **Electronic Healthcare Network Accreditation Commission (EHNAC)** announced the first ePrescribing network accreditation by EHNAC, an accrediting agency that provides independent peer evaluation of an organization's ability to perform at industry-established levels.
- § On March 8, *Health Data Management* reported that **Rhode Island** has posted the names of 733 clinicians in the state who currently write and transmit prescriptions electronically and that it will update its list quarterly. This is a notable trend because many insiders believe that patients will ultimately drive adoption of ePrescribing technology. According to **SureScripts**, it is the first state to do this.
- § On March 9, *iHealthBeat* published an article highlighting a report that found **lack of oversight raises the risk of medication errors and fragmentation exacerbates it**. The report found that computerized physician order-entry systems may not be helpful in reducing medication errors in the outpatient setting because they might not be linked or affiliated with a hospital's electronic prescription system, radiology department or lab that dealt with the patient, so all relevant patient data may not be provided. (*Editorial comment: this finding is about 10 years too late; information sharing is getting better and technology is making*

*inroads – see subsequent piece on Oakwood Healthcare System.)*

- § On March 6, **iHealthbeat** reported that **Australia** has introduced legislation to allow all physicians in the country access to an electronic prescription system to reduce medication errors. The government is creating a list of standards and accepting proposals from pharmacies and physician practices interested in adopting the system.
- § On March 5, **TMCnet** announced that **Sprint** has joined forces with **Vocera** and **Nuance Communications** to offer speech-enabled mobile systems for hospitals, clinics and other health service groups. Why is this relevant to ePrescribing? Because they can access such medical records as prescriptions. Furthermore, some executives from ePrescribing pioneer **PocketScript** are involved in this venture. These execs have long wanted to bring speech technology to ePrescribing. Sprint is also involved in the National Electronic Prescribing Safety Initiative (NEPSI), announced in the February 1, 2007 issue of *ePrescribing Perspectives*.
- § On March 5, the **eRx Collaborative** announced that during its third successful year of ePrescribing in Massachusetts, more than 4.5 million electronic prescriptions were transmitted through its prescribers. The program averaged 375,000 ePrescriptions transmitted each month and increased prescription volume 73% from 2005, thus leading the industry with 7.8 million total electronic prescriptions sent by program prescribers to date.
- In addition, the eRx Collaborative deployed more than 1,100 new prescribers last year and recognized and rewarded active users by sponsoring license renewal upon their expiration from the program. In addition, approximately 88,000 electronic prescriptions were changed due to drug safety alerts, with a record 8,600 in December alone. The eRx Collaborative was formed by **Blue Cross Blue Shield of Massachusetts (BCBSMA)**, **Tufts Health Plan and Neighborhood Health Plan (NHP)** with technology partners **DrFirst, Inc.** and **Zix Corporation**.
- § On March 1, **ZixCorp** announced a new release of PocketScript that displays copays.
- § On February 28, **Purkinje** announced it had closed a \$10 million Series D round of financing. The round was led by **John Doerr**, noted **Kliener Perkins Caufield Byers** venture capitalist, and **Mike Long**, former **Healtheon** CEO. Purkinje was formed in the acquisition of Purkinje, an electronic medical records concern, by **Wellinx**, an ePrescribing company. The company kept the name Purkinje, which took its name from Czech anatomist Jans Evangelista Purkyne, discoverer of Purkinje or neuron cells.
- § On February 27, **Tennessee** Governor Phil Bredesen spoke at the **Healthcare Informatics and Management Systems Society (HIMSS)** conference in New Orleans. Co-chair of the State Alliance for e-Health with Jim Douglas, governor of **Vermont**, Bredesen announced an emphasis on ePrescribing in his state and for governors, including incentives for adoption and utilization.
- § On February 27 at the HIMSS conference in New Orleans, **SureScripts** announced the top 10 states in terms of SureScripts volume. They include: 1) **Massachusetts**, 2) **Rhode Island**, 3) **Nevada**, 4) **Delaware**, 5) **Maryland**, 6) **Michigan**, 7) **North Carolina**, 8) **New Jersey**, 9) **Ohio** and 10) **Washington**. This only includes eRx through the SureScripts network, which is connected to almost all eRx networks. Some, however, do not go through SureScripts to retail pharmacy. Should all of **Medavant's** volume, for example, be factored into this calculation, the list of Top 10 states might be different. **New Jersey** might be rated higher, and **Texas** and **Florida** might make the list, as they are the largest Medavant states.
- § On February 27, individual physicians were also honored as SafeRx awardees. **DrFirst** issued a press release honoring its 11 prescribers in six states.
- § On February 27, **SureScripts** announced that six ePrescribing vendors had achieved its GoldRx Certification Status: **Allscripts**, **ChartConnect**, **DrFirst**, **NextGen**, **RelayHealth** and **Zix**. To achieve this, companies must go beyond SureScripts certification and reach milestones in: 1) customer education, 2) proven pharmacy interoperability, 3) advanced medication management, 4) work-flow enhancements and 5) demonstrable expertise.
- § On February 27, *iHealthBeat* reported that the **IRS** may soon announce that not-for-profit hospitals can subsidize electronic health record systems for affiliated physicians without risking their tax status. The **Office of the National Coordinator for Health Information Technology (ONCHIT)** has been working with them. In summary, IRS rules restrict tax-exempt entities from making donations that do not benefit the public or help further their charitable missions. It is unclear whether donations, such as EHRs and ePrescribing software, would be designated as a public or private benefit.
- § On February 23, **RxHub** announced that it has access to 160 million patient prescription records and contracts that could get them to 200 million. It also announced a 50% increase in transaction volume to 43 million transactions and a 10-fold increase in true electronic prescriptions.

- § On February 23, **ZixCorp** announced its involvement in the **Illinois E-Rx Collaborative** and on February 22, **DrFirst** did the same. The Illinois E-Rx Collaborative is a multipayer, statewide initiative that includes **AvMed, Blue Cross Blue Shield of Florida, Cigna, Humana** and **United Healthcare**.
- § On February 15, former National Coordinator for Health Information Technology **David Brailer**, MD, PhD, said he had made good progress, but "privacy is the defining issue of health information sharing." He added that consumers "have major concerns that [health] IT will further compromise their control over health information, yet they will see that it can also increase their control." However, Brailer said that health IT gives consumers more control by letting them determine who can access their information and allowing them to make more informed decisions about their care. You may want to follow this issue.
- § On February 13, **Siemens Medical Solutions** announced general availability of its **INVISION MedsConnect**, a clinical data content subscription service that provides clinicians with access to up to 12 months of patients' prescription histories upon admission to an inpatient acute facility or during an emergency room visit. An **RxHub** product, MedsConnect supports the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) patient safety goal for medication reconciliation.
- § On February 8, **Allscripts** said it will support an online relationship management solution for **King Pharmaceuticals**. Allscripts' Physicians Interactive will design, develop, deploy and support a customized version of its physician relationship management platform for King. Allscripts is a leading ePrescribing solutions provider.
- § The February 8 issue of **AIS's Today in E-Health Business** reported that President Bush asked for \$116 million in funding for the Office of the National Coordinator for Health Information (ONC) Technology, \$50 million for the Agency for Healthcare Research and Quality and \$3 million for Office of the Assistant Secretary for Planning and Evaluation in his \$2.9 trillion budget. Of the \$116 million for ONC, \$22 million is earmarked for American Health Information Community (AHIC) programs.
- § On February 1, **Oakwood Healthcare System (OHS)** of Dearborn, Michigan completed its one-year pilot program using **DrFirst's Rcopia**. OHS considers the results to be overwhelming, according to a press release. It originally targeted 70 physicians, but got participation from 177 in 40 offices. During the year, they wrote nearly 166,000 prescriptions. Of those, nearly 45,793 had drug-to-drug interactions and 18,367 (40%) were changed. In addition, drug-to-allergy interactions were found in 9,386 prescriptions and 5,385 (57%) were changed. When generics were available, they were changed 99% of the time. And, while formulary interactions were on the low side industry-wide, it is taking steps to make sure it has formularies from relevant plans, which will increase those numbers.
- § In the February issue of **AIS Report on Blue Cross and Blue Shield Plans**, there was an article about Blues-sponsored ePrescribing initiatives. Two initiatives highlighted in previous issues of ePrescribing Perspectives – the **Southeastern Michigan ePrescribing Initiative (SEMI)** and **General Motors-Wellpoint** (Ohio) initiatives – were profiled, as was the Florida initiative. Interestingly, the **ePrescribe Florida** collaborative is establishing criteria for vendors of the technology, requiring certification from the Certification Commission for Healthcare Information Technology.

## ABOUT US

Point-of-Care Partners, LLC is a growing health information technology (HIT) strategy, management and marketing consulting firm with active practices in electronic health records, ePrescribing, chronic care management and personal health records. We help organizations develop and execute winning strategies based on lessons learned, current trends and key drivers.

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