
EPRESCRIBING PERSPECTIVES

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1. MGMA Conference: POCP Study Reveals EMRs Have Turned ePrescribing Corner
by Tony Schueth, Editor-in-Chief

There's a school of thought in health care information technology that the volume of electronic prescriptions will increase dramatically once electronic medical record (EMR) companies embrace ePrescribing. Based on a recent, informal study by Point-of-Care Partners (POCP), we may see that up tick in the next year or two.

Between October 3 and 5, POCP visited 27 companies that identified themselves as EMRs at the Medical Group Management Association (MGMA) annual meeting. Of those, 81% claimed to have a prescription writer, and all but one of those had a drug information database and connectivity. Unfortunately for managed care, just 40% said they have a formulary database.

Setting the pace seemed to be the larger, "name" EMRs with the largest installation bases. Not surprisingly, the laggards were the smaller companies, many of whom we hadn't heard of.

There seemed to be consensus that demand for ePrescribing was on the increase. In the past, EMRs had told POCP that physicians were only interested in "registering" a prescription within the chart. It's possible that the attention being paid to patient safety and economic returns are having an impact on physicians.

What does all this mean?

Well, it depends on your stakeholder category. If you're an EMR who has ePrescribing capabilities, you'll have to decide if you've maximized the value you can provide to physicians and other stakeholders such as managed care. If you're an EMR that doesn't have ePrescribing, you should be at a "build vs buy" decision point.

If you're a pharmacy, you should know that SureScripts is making good progress with EMRs. Of the 78% who said they had connectivity, 40% were either certified with SureScripts or in the process of getting that designation. Most of those have the large installation bases. In addition, several others said they were talking to SureScripts, and I'd be willing to bet that some of those working the floor weren't aware that they were talking to SureScripts back at corporate.

If you're a managed care organization, you've got to be selective about with whom you decide to work. Getting EMRs up to speed on that which provides value to managed care will be an educational process. As you know, formulary is just a start, and only 33% said they had a formulary database.

Contact us for implications to other stakeholder groups or additional information.

2. ALERT: ONCHIT Not Scheduled to Receive Funding for 2005

ePrescribing Perspectives recently learned that the Office of the National Coordinator for Health Information Technology (ONCHIT), the office of David J. Brailer, MD, PhD, is not currently scheduled to receive funding for 2005. The Bush administration originally requested \$50 million; the House approved \$25 million, but the Senate funded this program at \$0.

That said, the battle is not over. Since the budget has not been signed, it is possible to have funding restored. Several impacted stakeholders have taken it upon themselves to advocate such restoration. We encourage you to do so, as well.

You can write to Congressional appropriations committees on behalf of your company or yourself at the following addresses: House (<http://appropriations.house.gov/index.cfm?FuseAction=AboutTheCommittee.MemberList&SubcommitteeId=11>) and Senate (<http://appropriations.senate.gov/subcommittees/labor/topics.cfm?code=labor>). It is recommended that you address letters to the individual committee members.

In the letter, you might note that funding has been removed and urge its restoration. So they match the letter with the appropriate line item, you might also mention that through the implementation of its Framework for Strategic Action, ONCHIT is charged with coordinating activities of the federal government and within the private sector towards development of a nationwide interoperable health information network to improve patient health.

You could request that \$50 million be restored or choose some other level you may deem appropriate. To make your case stronger, you might cite an Institute of Medicine (IOM) study which estimated that 44,000 to 98,000 deaths occur each year as a result of preventable medical errors as well as the Center for Information Technology Leadership (CITL) report stating that standardized, encoded electronic health care information exchange would save the US \$337 billion over a 10-year implementation period.

You should plan to do this prior to the November 2 elections.

3. NCVHS and IIR Conference Updates

Here are two updates to the September 21, 2004 issue of ePrescribing Perspectives:

- In that issue, we noted that the next round of NCVHS testimony was scheduled for October 13-15 and that we'd have an update. According to HHS, that testimony was postponed until the December 2004 meeting for scheduling reasons and because the Subcommittee on Standards and Security was worn out from a very busy summer. Its members deserve the rest. As we previously reported, the major topic will be electronic signature.
- We had also highlighted an Institute for International Research (IIR) conference, "Financing and Implementing Point of Care Technologies for Health Plans: Wiring Healthcare to Improve Quality and Facilitate Transparency in Today's Consumer-Driven Environment," which was to be held in San Francisco October 26 to 28. That conference, which would have featured ePrescribing, was canceled due to insufficient attendance.

IIR tends to put on first-class, highly relevant events, so we're sure that is not an issue. We'd also be surprised if there was lack of interest. From talking with scores of managed care executives over the past two months, our sense is that many who are not currently invested in point of care are preparing to do so, so the topic and content would have been quite relevant. We suspect that the Academy of Managed Care Pharmacy (AMCP) conference, which was held October 12 to 16 in Baltimore, had something to do with it. It might have targeted the same professionals.

4. HHS Awards \$139 million to Seed HIT

On October 13, the US Department of Health and Human Services (HHS) awarded \$139 million in grants and contracts to promote the use of health information technology. Awarded through the Agency for Healthcare Research and Quality (AHRQ), this multiyear program is part of the Bush Administration's "Decade of Healthcare IT."

These are the "building blocks" to advance adoption of electronic health records, explained David J. Brailer, MD, PhD, national coordinator for health information technology (HIT). "These projects will encourage real-world laboratories for innovation and provide models for other organizations."

According to a press release from AHRQ, the grants will be provided in the following manner:

Promoting access to HIT – More than 100 grants will be provided to communities, hospitals, providers and health care systems to help all phases of development and use of HIT. First-year funding is \$41 million and will total nearly \$96 million over three years.

Developing statewide and regional networks – Five-year contracts have been provided to Colorado, Indiana, Rhode Island, Tennessee and Utah for statewide networks. First-year funding is \$1million for each state and will total \$25 million over the course of the contracts.

Encouraging adoption of HIT by sharing knowledge – The creation of the National Health Information Technology Resource Center for technical assistance, a venue for collaboration, a repository for best practices and disseminating needed tools. The two-year contract was awarded to the University of Chicago. First-year funding is \$4 million, with an estimated value of \$18.5 million over the course of the contract.

We view this as an extremely positive advancement for health information technology, in general, and ePrescribing, in particular. In our opinion, this shows that the federal government is, indeed, putting funding behind its promises.

5. Study Results: Wellinx, Manhattan Research and SureScripts

Stakeholders trying to decide whether or how big a play to make in ePrescribing might want to review the following in more detail:

- On October 5, Wellinx and Affinity Health System released results of a six-month study showing that an electronic prescribing system with integrated clinical decision support decreased the average cost of a new primary care prescription by 11%. The study appears in the October issue of *Annals of Family Medicine* (www.annfammed.org).

"The modern practice of family medicine absolutely must include computer-assisted decision making to assure quality of care and patient safety. This study, using ePrescribing decision-support tools that ought to be

built into every electronic health record, offers further insight into the potential gains in efficiency and cost savings,” said David Kibbe, MD, director of the Center for Health Information Technology of the American Academy of Family Physicians.

- Adoption of point-of-care technologies, such as electronic medical records and ePrescribing applications, could slow if stakeholders don’t take steps to remove barriers and seed the marketplace, according to a study released on September 23 by Manhattan Research (www.manhattanresearch.com).

Barriers include skepticism about the value of the technology, lack of funding and little return on time and investment. However, adoption of these technologies could increase as young, “tech-savvy” physicians enter practice, legislation such as the Medicare Prescription Drug and Modernization Act is implemented and new venture capital is invested.

The study found that while the actual number of physicians using certain point-of-care technologies may be small, many more indicated that they would be interested in using the technology in the future, and the market is expected to grow through 2006.

- Relief from the hassles associated with prior authorization, obtaining medication histories across provider and improving practice efficiencies were the most attractive features of ePrescribing to 2,888 respondents in a SureScripts study released in its Fall 2004 newsletter.

The study also took the pulse of pharmacists who were most interested in patient adherence programs. Not surprisingly, these clinicians were interested in longitudinal medication history and improving the legibility and accuracy of prescriptions. To access a copy of the article or subscribe to the newsletter, go to the SureScripts Web site: www.surescripts.com.

6. Vendor Updates: MedPlus, RampCorp, WebMD, Allscripts, DrFirst and VantageMed

- On October 15, Quest Diagnostics announced the launch of its MedPlus division’s Care360 physician portal, which offers electronic prescribing services with online access to patients’ pharmacy benefit information through Rx Hub. Among other features, users can also order diagnostic tests and review laboratory results online.

- On October 6, HealthRamp announced the release of version 4.3 of its flagship product, HealthRamp CarePoint. Go to www.healthramp.com to see the press release about the new product offering. The list of product features looks like they resulted from customer feedback. The big-ticket item may be the eligibility request to Rx Hub.

- On October 4, WebMD Practice Services announced it would launch the company’s Intergy EHR at the Medical Group Management Association (MGMA) annual conference. A suite of software modules, Intergy EHR offers physicians a single view with access to patient information, clinical systems, encounters documentation and outcomes reporting.

- On October 4, Allscripts launched TouchWorks v10. In making the announcement, the company highlighted five features: ChartViewer, Enhanced Health Management Plans, Orderable QuickSets, Enhanced Note Features and Patient Snapshot. To learn more about the product, go to the company’s Web site: www.allscripts.com.

- On October 1, DrFirst and VantageMed announced an agreement under which VantageMed would integrate its RidgeMark practice management system with DrFirst’s Rcopia. This alliance allows DrFirst to access

VantageMed's 12,000 customer sites, and VantageMed mobile ePrescribing and handheld charge capture.

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