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## EPRESCRIBING PERSPECTIVES

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<http://www.pocp.com>

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#### 1. Physicians to be Paid For Investing in Technology, Including ePrescribing

In the near future, Boston-area physicians will be able to earn bonuses of up to \$55 per patient for investing in information systems and care management tools, including ePrescribing. The program is being offered by Bridges to Excellence, a not-for-profit coalition of large employers, health plans, the National Committee for Quality Assurance (NCQA) and MEDSTAT, a division of Thomson Healthcare. The Centers for Medicare and Medicaid Services (CMS) also participated in developing the program.

Called Physician OfficeLink, the initiative enables physician offices to qualify for bonuses based on their implementation of specific processes to reduce medication errors and increase quality. On an annual basis, offices can earn up to \$55 per patient covered by a participating employer or plan. Physicians will also be highlighted in provider directories, helping employees and their families identify physicians having proven outcomes in treating illnesses or whose patient care and support systems are exemplary. The program is supported by a Robert Wood Johnson Foundation grant of \$330,000.

Participating offices will receive a report card that describes its performance based on the program measures, and is made available to the public.

It is possible to earn 900 points on the report card. The highest score goes to advanced electronic medical record (EMR) systems, which include basic registries and follow-up, electronic systems for prescriptions and other EMR features. The system also awards points for EMR components such as electronic prescribing and test orders and results.

We see this as an extremely positive program. In past issues ([www.pocp.com](http://www.pocp.com)), we wrote about the importance of incentives in driving adoption. This represents what we would call a "carrot."

Because of market economics and legal/regulatory barriers, EMR and ePrescribing return-on-investment (ROI) models are heavily skewed toward cost savings through improved efficiency and error reduction. An incentive of \$55 per covered patient adds a compelling line to any ROI.

The fact that offices will be graded is also positive. Presumably offices will have to use the systems to earn points. There are far too many PCs and PDAs sitting in physician offices gathering dust.

#### 2. What Exactly Is an Electronic Prescription?

by Patrick Pannier

All electronic prescriptions were not created equally, as some would want you to believe. When talking about electronic prescriptions, are you talking about the creation of a prescription electronically or its electronic transmission? If it's being delivered electronically, is it via fax or electronic data interchange (EDI)?

Many physician software systems allow a prescriber to create a prescription on a desktop, handheld or tablet computer. In some cases, these systems will even check a third party formulary, perform some kind of drug utilization review (DUR), register the script in the electronic medical record or provide you with some other kind of decision support. Whether it allows more "intelligent" functionality, such as a formulary or DUR check, it is often described as being "electronic," which may be misleading. You'll have to think about the degree of "intelligence" that provides you with value and ask smart questions.

You'll also have to consider that if the functionality you desire is not there today, it may take some time for a company to develop it. Sometimes, companies "build" more robust functionality themselves. Other times they can "buy" it from others. In most cases, they pursue a combination of the two. If you choose a vendor or partner who has to create functionality, you must understand that it will take time and there will be associated costs. As it pertains to the latter, if you're not in a position to cover the development and, possibly, license tabs, the time frame may be even longer.

Once the prescription is complete, it is either printed and given to the patient or transmitted directly to the pharmacy. It may be printed because the software system cannot pass on an electronic prescription or, in systems that have both print and transmittal options, because the patient isn't sure to which pharmacy he or she wants to take the script or because the pharmacy of the patient's choice does not accept faxed or electronic prescriptions. For legal, regulatory, ethical and usability reasons, the patient must be given the choice of pharmacy.

The electronic prescription may be sent to a pharmacy in a fax format or via an EDI standard, such as that of the National Council for Prescription Drug Programs (NCPDP) Script or HL7. Whether it's transmitted via fax or EDI, the advantages are plentiful. It allows the physician to provide a service to the patient by forwarding the script on his or her behalf. Ideally, the pharmacist will receive and fill the script so that the ill patient doesn't have to wait in the pharmacy. From a quality standpoint, it automates one "point of potential failure" -- the patient taking the script to the pharmacy.

From a clinical, compliance and malpractice insurance standpoint, the physician knows that the script is getting to the pharmacy. If he or she does not pick up the prescription, the pharmacist can then call the physician to alert him or her, and the physician's staff can follow-up with the patient.

Transmitting the prescription via an EDI transaction standard is a step up in service and quality because it allows pharmacy software systems to upload the script, eliminating another "point of potential failure," that which occurs when a pharmacist or technician reenters the information.

The EDI transaction also permits the two-way interaction between pharmacist and physician of requesting and responding to a patient's refill request. In this scenario, two computers are interacting with each other; consequently, the prescription information must be in a standard format that the interacting systems can recognize. This electronic communication addresses a concern about the high volume of telephone traffic related to refill requests from pharmacies.

Benefits are to be gained in each scenario, but make sure you know which one you are discussing. You can call us if you have any questions about choosing the correct electronic prescribing partner.

### 3. Reader Responds to "Key Stakeholders Opposed to ePrescribing Mandates"

In the September 9 issue of ePrescribing Perspectives, we highlighted a story in Inside CMS about several key stakeholders opposing the proposed Medicare prescription drug benefit plan mandates on electronic prescribing, even though all were supportive of the concept. The most vocal were a group of some 40 medical specialty groups that signed a letter stating that mandatory electronic prescribing would "place an additional costly unfunded mandate on physicians, forcing them to rush to purchase an expensive, untested technology." The following is a response from an executive who has been involved with electronic prescribing for almost 10 years. Because this individual is employed by key point-of-care stakeholder and neither his company's management nor legal department have approved this, he has asked that we not print his name.

It really isn't too surprising that some groups would take the stance they have regarding mandatory electronic prescribing. After all, their job is to act in the best interests of their constituents. They don't have an obligation to act in anyone else's best interests, especially the patients they treat.

In my view, these organizations are resisting change, the single greatest challenge to implementers of physician connectivity. Even though it is often not expressly stated as such and is masked by other secondary concerns, this is the issue.

Electronic prescriptions have been shown to be a viable means by which patients can receive their prescriptions from pharmacists. Recent studies (Tufts with PocketScript, 2003) have shown that wide ranges of cost savings are possible with this technology. In this case, the sponsor (Tufts Health Plan) was so convinced of the benefits that they are expanding their electronic prescribing program to include 5,000 of their physicians.

Safety, however, is the primary value for these systems. And this is, therefore, the biggest disappointment, from my perspective, in the stances from the AMA, ACP, MGMA and others on this issue. As someone who has toiled for many years in the development of this technology, the benefits are starkly obvious and immediately needed.

Perhaps a good next step would be for the Congress, in its discussion of the Medicare drug benefit bill and electronic prescribing mandate, to put some definition around just what exactly is electronic prescribing. Is it merely faxing a prescription to a pharmacy? Or is it generating the prescription on a PDA, checking for drug interactions and against the patient's dispensed drug history and against the patient's formulary rules, then sending it directly into the pharmacy's computer system. That definition alone might go a long way toward alleviating some of the groups' objections.

Speaking of the objections, the groups voiced concerns primarily over cost and the unproven nature of the technology. I would argue that the out-of-pocket cost is not an issue for these professionals, managed care strapped as they may be. In my view, the real cost is that of change or the "disruption cost" that changing behavior (from manual script writing to automated) has on an office and its staff.

This cost is often mitigated by leadership within the office that has the vision to see that the benefits (after the learning curve) far outweigh those costs. This is the type of leadership the groups objecting to this measure could use more of.

Electronic prescribing literally benefits all involved. It has the opportunity to reduce medical malpractice insurance on top of cost and safety improvements. I'd challenge these groups to engage in a pilot study to examine for themselves the costs, issues and value (or lack thereof) there may be with this technology. If they truly are supportive of the concept, then perhaps they could play a role in shaping the understanding we all have of this process that is universally accepted as having great promise.

## ABOUT US

Point-of-Care Partners is a growing consulting firm focused on eHealth and ePrescribing. We help organizations develop and execute winning strategies based on lessons learned, current trends and key drivers.

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