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ePrescribing: Could It Be Your RHIO's "Killer Ap?"

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Nationwide, healthcare executives are convening to decide how to collaborate. ePrescribing should be on their "short list."

From success stories, we know that a community collaboratives' first steps should be to find a business case and "killer ap." ePrescribing can deliver both.

The Center for Information Technology Leadership (CITL) estimates that \$29 billion could be saved if every US physician prescribed electronically. The savings comes from fewer medication errors and hospitalizations, improved efficiency and lower drug costs.

According to the American Medical Association (AMA), the US has 872,000 practicing physicians. Simply dividing the CITL estimates by the AMA number equals a return of about \$33,000 per physician per year. There's your business case!

ePrescribing "aps" have been evolving for the past 10 years. They are now mobile, part of an electronic health record (EHR) or order entry system and somewhat interoperable. Truth is, some are more "killer" than others.

The right environment and product will provide a healthy return on investment, which will lead to sustainability – a goal of every collaborative.

Ultimately, community collaboratives may want to grow into a regional health information organization (RHIO), or link with one. Properly thought out, ePrescribing and RHIOs can be complementary.

Lori Evans of the office of the national coordinator of health information technology (ONCHIT), points out that RHIOs can provide data needed for robust ePrescribing decision support.

In 2001, the three largest pharmacy benefit managers came together to form Rx Hub. This connectivity company provides decision support such as formulary and benefit information and medication history for 170 million people.

Also in 2001, two pharmacy associations formed SureScripts. Between SureScripts, ProxyMed and a few others, 85 percent of the country's pharmacies are enabled to receive ePrescriptions.

But that's only the first step to foundational support. RHIOs can also facilitate interoperability between it and the ePrescribing solution, seamlessly exchanging allergies, laboratory results, medication and medical history, diagnoses and other clinical data -- providing comprehensive information just not available today.

Ms. Evans also points out that RHIOs could generally support physician adoption of technology, especially in smaller practices. This is a good thing. Today we have what ONCHIT calls an "adoption gap" favoring large groups.

The Rhode Island Quality Institute is a community collaborative that started out with electronic prescribing in 2003.

"We found that ePrescribing is a good starting point for us," explained Laura Adams, President and CEO, Rhode Island Quality Institute. This year, they project that 45% of Rhode Island's physicians will be linked to the program.

"We see it as a first step in getting physicians to use technology," added Ms. Adams. That may be reason enough for ePrescribing to be on any RHIO's "short list."