



ePrescribing: Why Now?

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Outline

- ePrescribing Overview
- Benefits to Physicians & Patients
- ePrescribing Trends & Drivers
- Resources Available to You

The Challenge ...

Physicians write 3.4 billion prescriptions each year ...

... On Paper!

MEDICAL CENTER HOSPITAL
500 - 600 W. 4TH STREET ODESSA, TEXAS Ph. 333-7111

FOR Varguez Ramon AGE _____
ADDRESS 117th Street DATE 6/23/95

Zordil 20mg # 120 -
20mg P.O. Q6hr

NO REFILLS Fenofibrate 300mg # 100
REFILLS 300mg P.O. TID E meals -

LABEL Humulin N
30 units SQ QAM

PRODUCT SELECTION PERMITTED DISPENSE AS WRITTEN

D.E.A. # _____

730 037 2/88 04 88-270

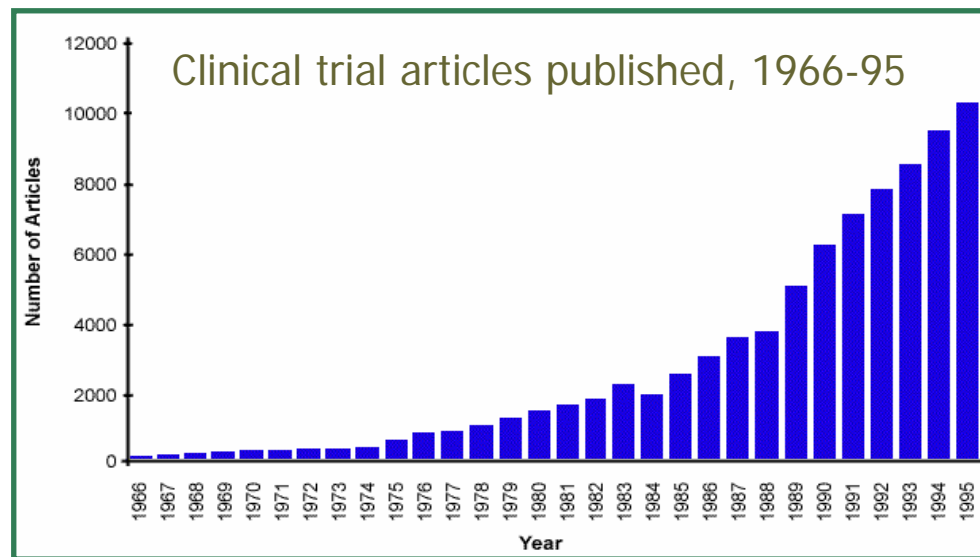
- More than 1.5 million Americans are injured annually by medication errors. More than 25% of these injuries are preventable
- According to the Institute for Safe Medication Practices, many errors result from:
 - Miscommunication due to illegible handwriting
 - Unclear abbreviations and dose designations
 - Unclear telephone or verbal orders
 - Ambiguous orders and fax-related problems
- In July of 2006, the Institute of Medicine recommended that all prescriptions be written electronically by 2010
- IOM: Must provide physicians a single view of a patient's medication history across all prescribers

While ...

- Increased need for access to constantly changing information:
 - 40,000 Medline citations added monthly
 - 1-2 new drugs approved on average each week
 - Rapidly increasing number of diagnostic tests



"If physicians would read 2 articles per day out of the 6 million medical articles published annually, in one year they would fall **82 centuries behind** in their reading."*

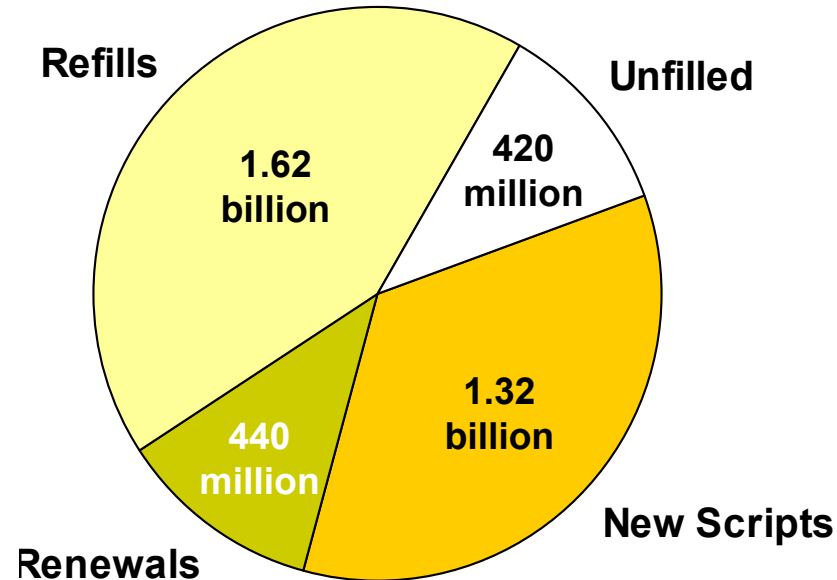


*Source: Miser, WF, "Critical Appraisal of the Literature," J Am Board Fam Pract, 12(4):315-333, 1999.

And ...

Prescription growth in U.S. continues to rise

- 823 million visits to physician offices in 2000¹
- 4 out of 5 patients who visit a physician leave with at least one prescription²
- 65% of the US population use a prescription medication each year³
- Over 3 billion prescriptions are dispensed each year⁴
- **Number is expected to rise to over 4.1 billion by 2010⁴**



3.38 Billion Total Filled Prescription Transactions in 2005

(1) Pastor PN et. al. Chartbook on trends in the health of Americans.

Health, United States, 2002. National Center for Health Statistics. 2002.

(2) The chain pharmacy industry profile. National Association of Chain Drug Stores. 2001.

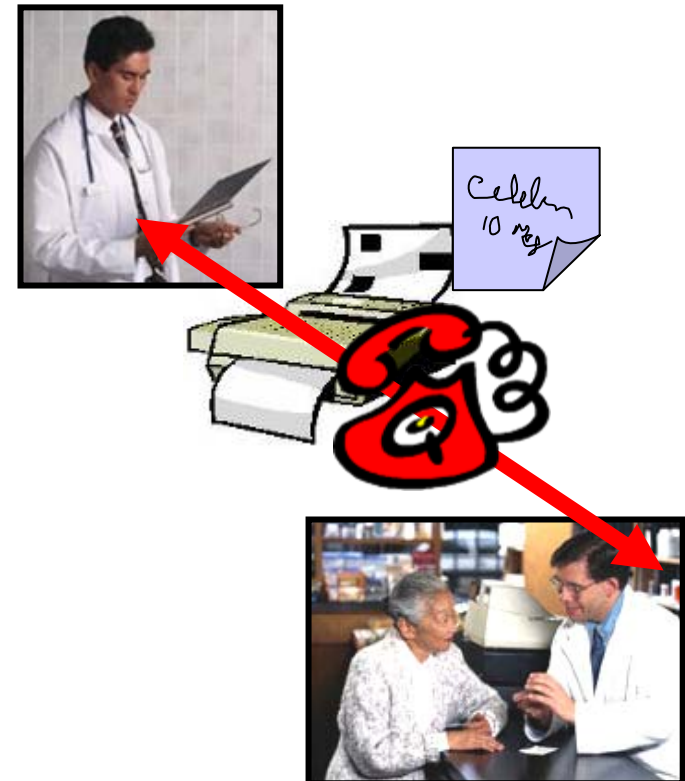
(3) Agency for Healthcare Research and Quality. MEPS Highlights #11: distribution of health care expenses, 1999.

(4) NACDS estimates.

And ...

The efficiency of the total prescription system is challenged by hundreds of millions of phone calls and faxes:

- One study estimates that indecipherable or unclear prescriptions result in more than **150 million calls** from pharmacists to physicians asking for clarification¹
- Others estimate the number of **prescription-related telephone calls annually at 900 million**, citing practices reporting almost 30% of prescriptions required pharmacy callbacks^{2,3}
- Requesting and receiving approval for **refills** alone, estimated at **nearly 500 million per year**, adds to the telephone and fax burdens⁴



(1) Institute for Safe Medicine Practices. A Call to Action: Eliminate Handwritten Prescriptions Within Three Years, 2000.

(2) Forrester Research, 2002.

(3) Medco Health, 1/29/03, via ePharmaceuticals

(4) NACDS and SureScripts estimates

So ...

- The current system causes a number of serious problems, in the areas of:

- **Patient safety**


- 7,000 deaths each year due to the manual process
- Between 1.5%-4.0% prescriptions are in error with serious patient risk

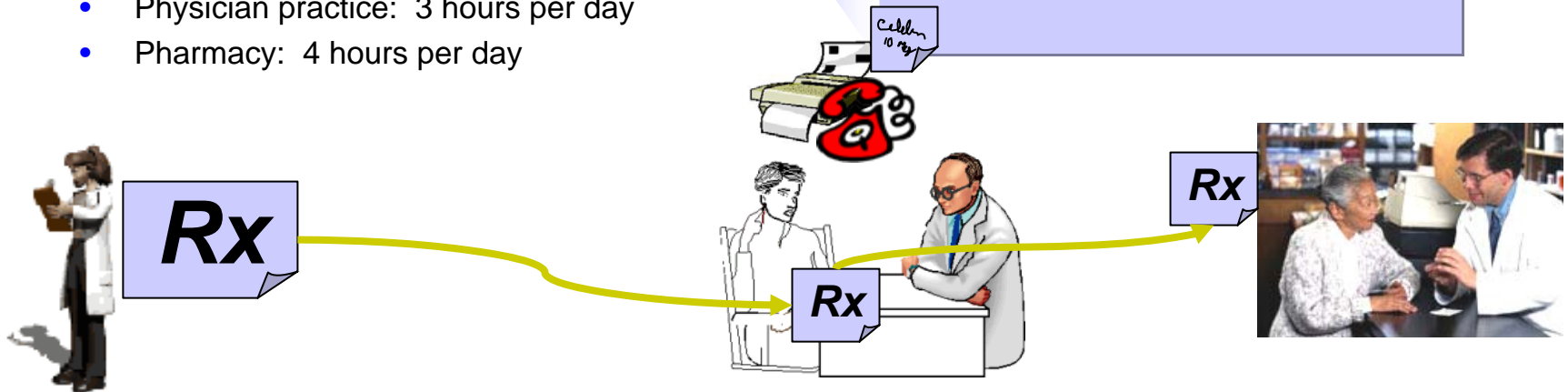
- **Quality of care**

- 400 million scripts / yr. are never filled
- Patient satisfaction issues

- **Impact on productivity***

- Physician practice: 3 hours per day
- Pharmacy: 4 hours per day

- 
- Illegible handwriting
 - Phone tag and fax tag
 - Patient waiting in the pharmacy

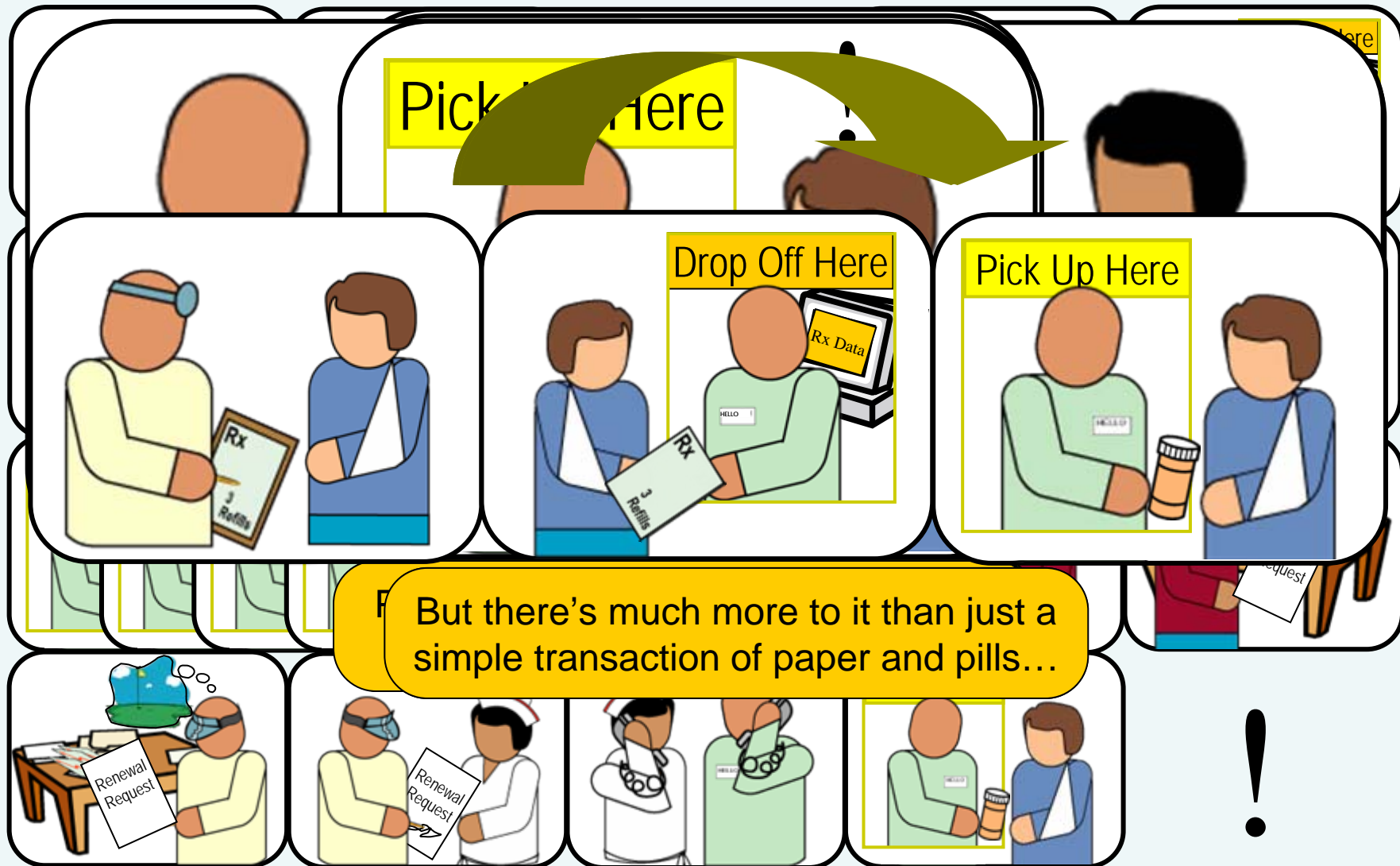




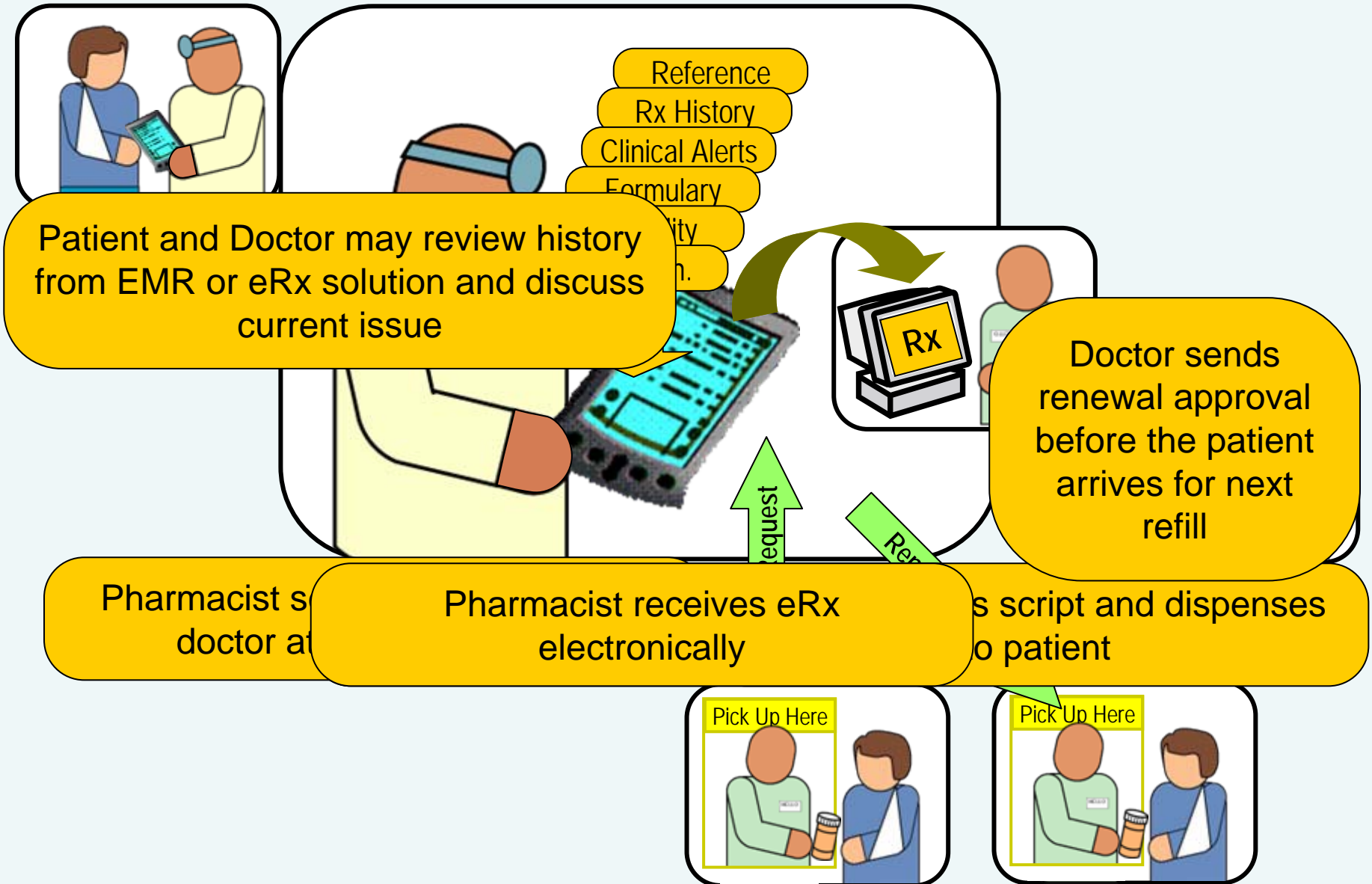
ePrescribing Overview

ePrescribe Florida – Fall Summit

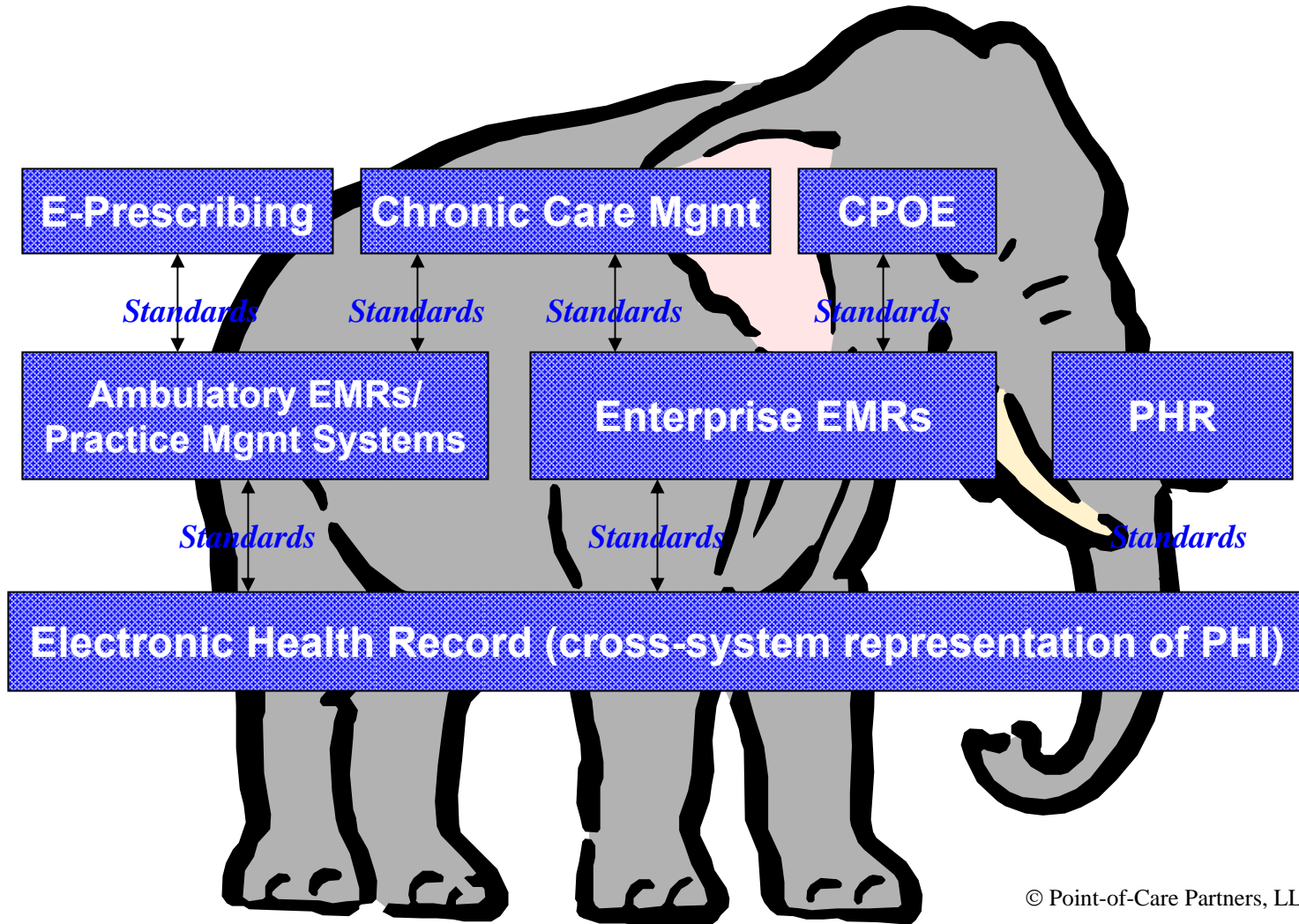
Generalized Current Rx Process



Electronic Prescribing

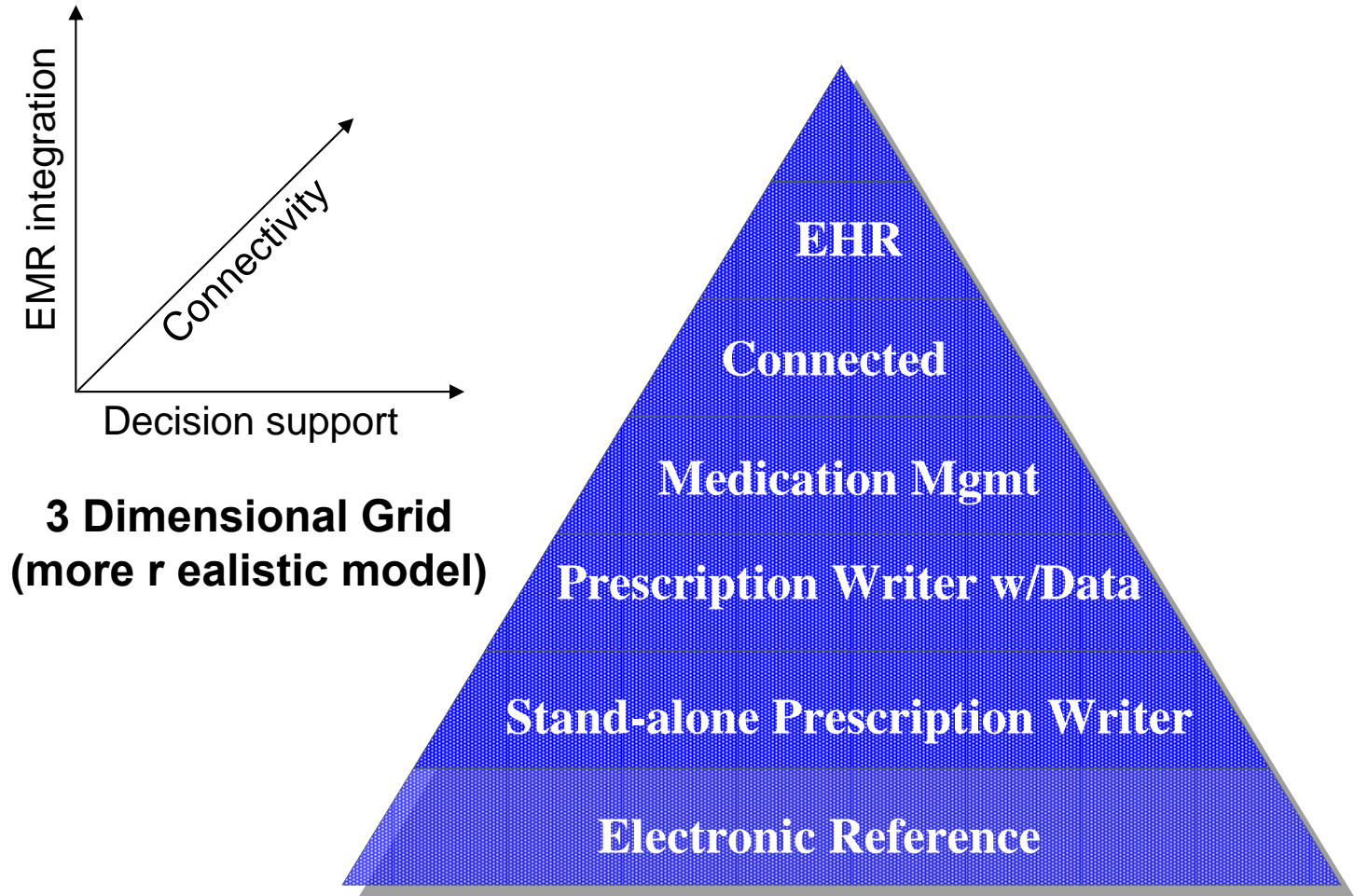


Health Information Technology



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What is ePrescribing?



Source: eHealth Initiative

ePrescribing by the numbers...

17% MDs prescribing electronically

(Gorman Group, 2007)

85% pharmacies enabled for ePrescribing

(SureScripts, RelayHealth, eRx Networks, RxHub)

7.5% US hospitals using CPOE for Rx orders

(KLAS, 2007)

24% Outpatient EMR use

(American Health Information Community, 2006)

210 million Lives for whom formulary &
benefits are available through RxHub

\$29 billion potential annual ePrescribing savings

(Center for Information Technology Leadership, 2004)

Benefits: Prescribers

Reduce Cost

- ◆ Reduce phone calls
- ◆ Reduce chart pulls
- ◆ **Streamline prior authorization process**
- ◆ More time for patient care
- ◆ Low impact to existing workflow

Improve quality of care

- ◆ Increased quality of care by enabling easy access to computerized medication history
- ◆ Decreases potential medication errors due to illegible prescriptions
- ◆ **Avoid potential adverse drug events**

Improve patient satisfaction

- ◆ Reduced waiting time at pharmacy
- ◆ **Aura of high tech**

Published Research: Practice Efficiency

Study	Results
Health Alliance Plan (Henry Ford Medical Group) 2006	57% physicians believe there is a reduction in time spent by support staff.
Rand (NJEPAC) 2006	80% reduction in callbacks related to coverage issues.
Surescripts (Brown Univ; Midwestern Univ) 2006	90% physicians noted improvement in care efficiency. 50%+ reduction in time consumed to manage refill requests and pharmacy callbacks.
Health Management Technology 2003	\$48,000 saved per year by a practice that automated refills.
Medco 2003	42% reduction in pharmacy calls to practice.
Tufts Healthplan 2002	2 hours per day saved per physician, 30% reduction in phone calls.
BCBS Hawaii 2000	50% reduction in pharmacy phone calls.
Kokomo Family Care 2000	42% reduction in pharmacy-related calls; 84% reduction in calls related to formulary.

Published Research: Practice Quality & Safety

Study	Results
Surescripts (Brown University; Midwestern University) 2006	75% of physicians believed patient safety & quality of care improved. 50% of physicians perceived communication with patients improved.
Rand (NJEPAC) 2006	Medication history perceived as very useful & worth the effort.
Health Alliance Plan (Henry Ford Medical Group) 2006	85% of physicians believe e-Rx has improved the practice of medicine at their clinic. 77% of physicians believe e-Rx improves the safety of patient care. 70% of physicians believe e-Rx improves patient satisfaction.
Surescripts & Walgreens 2006	11% improvement in new prescriptions filled by patients 3 months after e-Rx implemented (variable influences patient adherence)

Benefits: Patients

Improve quality of care

- ◆ **Decreases potential medication errors due to illegible prescriptions**
- ◆ **Facilitates improved medication compliance**
- ◆ **Contributes to improved self-management performance**

Reduce cost

- ◆ **Reduced out of pocket costs**
- ◆ **Better utilization of cost-effective alternatives**

Improve customer satisfaction

- ◆ **Reduces pharmacy wait times**
- ◆ **More predictable co-payment**

Published Research: Patient Satisfaction

Study	Results
<i>Journal of the American Geriatric Society</i> (August 2007)	<ul style="list-style-type: none">▪ Patients who had been e-prescribed a drug said they preferred e-prescriptions over paper prescriptions▪ Patients who had been e-prescribed drugs were also more likely to say they talked to their doctors about medication use most of the time or often
Brigham & Women's MMA eRx Pilot (2006)	<ul style="list-style-type: none">▪ Physicians reported that ePrescribing is generally well-perceived by patients
Kokomo Family Care (2000)	<ul style="list-style-type: none">▪ Awareness of ePrescribing was high (86%)▪ Majority of the patients agreed that the ePrescribing system was helpful in:<ul style="list-style-type: none">• Facilitating MD and pharmacist working together• Assisting their physician in id'ing drug interactions• Allowing the pharmacist to read the prescription• Alerting their physician as to what's on formulary



ePrescribing Trends & Drivers

ePrescribe Florida – Fall Summit

Industry Evolution - Many Early Players Consolidated

Pen-Based Players

GRID Systems
 PI Systems Corp.
 Scriptel
 Go Corp
 Pen Soft
 PenPro

Electronic Prescriptions

Medication Manager
 Script Consultant
 Dr. Chart (PDX)
 Rx. Writer
 E-Z Rx System

- Walgreens sells PreScribe to IBM
- Med-E-Systems - wireless connectivity
- PCS start Rx Authorization
- NCPDP begins work on SCRIPT (PCS, PDX in lead)

- CareInsite acquires Medical Manager
- Medical Manager acquires PCN (palm)
- MediConsult acquires POL
- Healtheon merge with WebMD
- Healtheon to acquire Kinetra
- McKesson acquiring Abaton
- Entry of several new and potentially successful players

1994

PreScribe -
 Walgreens (EDI)

1993

- PCS gives Rx Authorization to IMS (Lilly)

1996

1999

1987

1991

1992

1995

1997

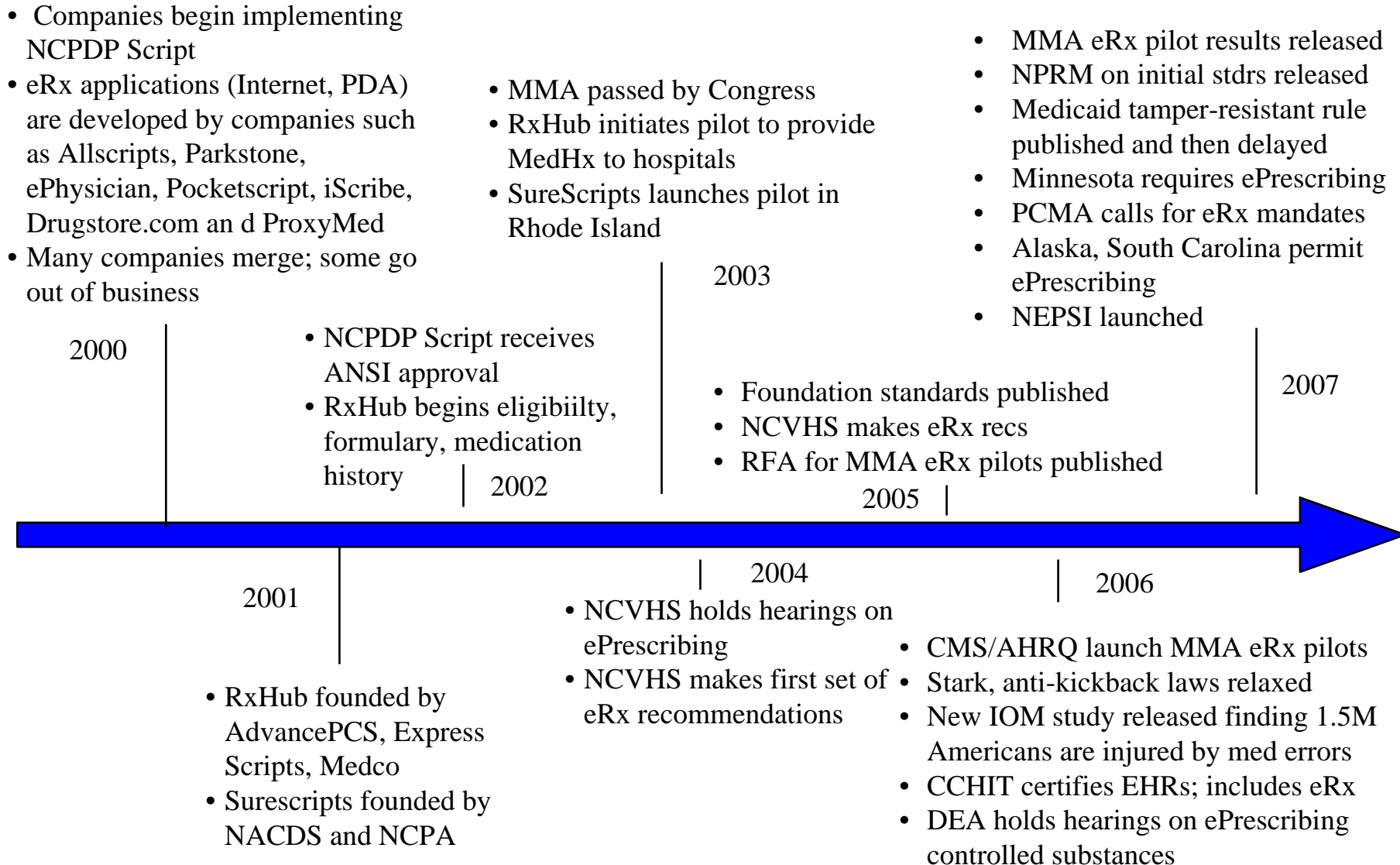
ePrescribing & CPOE designed by SAIC for the DoD goes live in 750 military facilities

PROMPT - Medical Technology Corp
 DUR & Rx printing

IBM signs major retail chains

- Walgreens sells PreScribe to ProxyMed
- Medical Manager acquires 5 smaller PMS

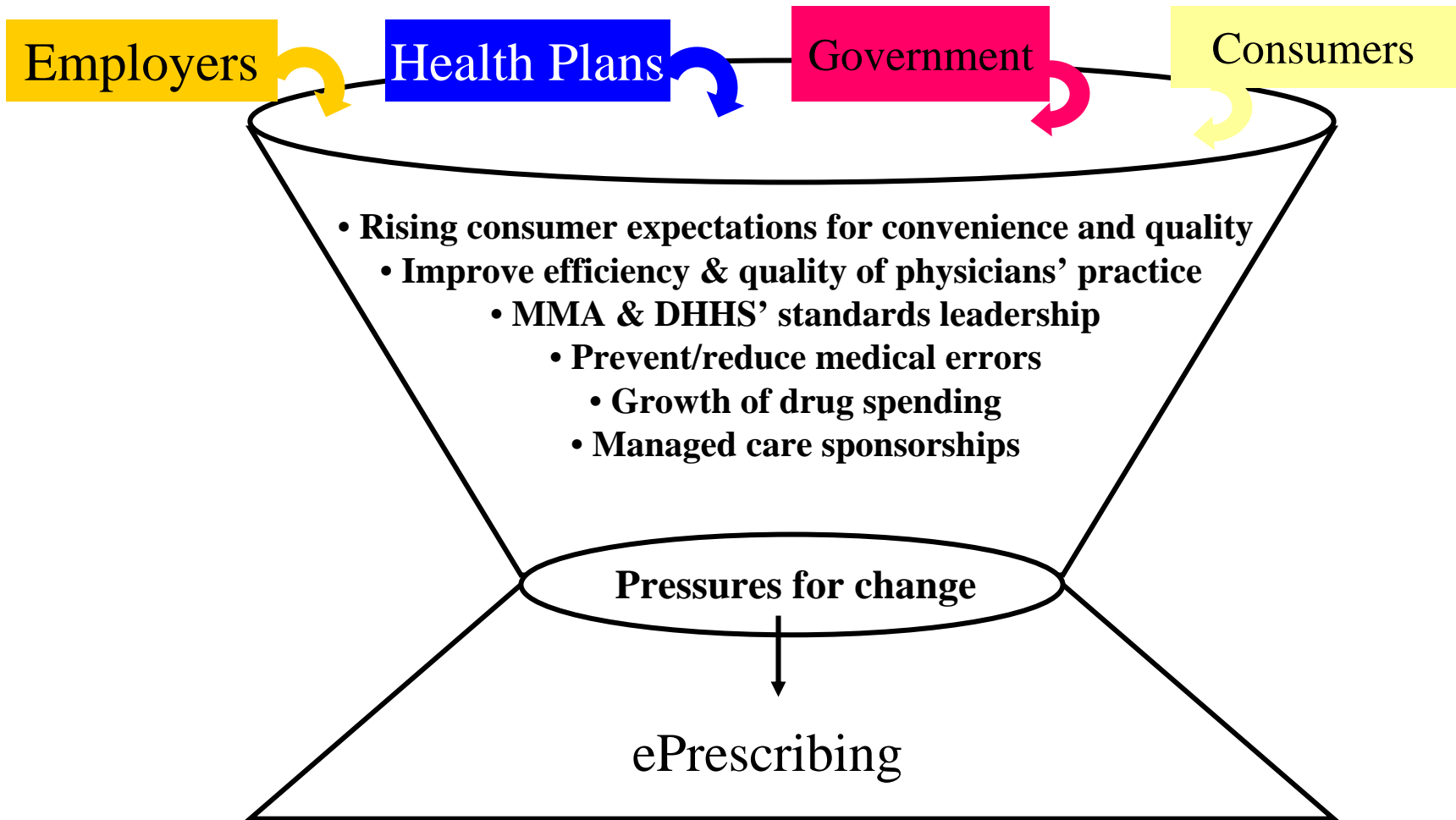
Picking Up Steam in the New Millennium



The problems of the past have been addressed...

In the past...	But now...
Software didn't support the workflows in the practice	Software integrates with existing practice systems and smoothes office workflow
There were few real benefits for most practices	Most practices will save physician and staff time as well as improve patient safety
There wasn't a future path to additional benefits	Collaborate with pharmacies on patient compliance and other future functions
Automation was being driven by a few small software vendors	State-wide initiatives involving all major stakeholders seek to improve the Rx process
Very few pharmacies were directly connected to physician practices	85% of US pharmacies are connected into a single network and growing
Electronic communications meant faxes	Computer applications can communicate directly with each other
There were no standards and lack of infrastructure	There are now standards for the key components of ePrescribing, and infrastructure provided by intermediaries and Internet technology

ePrescribing Market Drivers



The "M-Word"

U.S. Department of Health & Human Services

HHS.gov

Secretary Mike Leavitt's Blog

Health IT

I'm returning from Chicago where we had a meeting of the American Health Information Community. This is the Federal Advisory Committee HHS initiated to advise the Secretary on health information technology standards. I won't report on the meeting. We Web cast it and it's available on the HHS Web site if you're interested

(<http://www.hhs.gov/healthit/community/meetings/m200711>)

I do want to reflect on a subject begin thinking more about.

We had a discussion about elect The technology necessary to ele prescriptions exists in most pha However, only a small percenta benefits are unchallengeable. E- efficient and convenient for cor would eliminate thousands of m the AHIC meeting, we announce get us there. We are starting wil... medication history and for formularies so that pro the information they need to write correct prescrip These two standards alone could go a long way to errors.

Most doctors haven't invested in the necessary te do e-prescribing. The reasons are complex and rar perceived lack of financial incentives to a reluctan up the familiar prescription pad. It is not expensive change needs to happen a rather than later.

The last several years we family toward this. This fi providers who have an e-f paid for by Medicare to pt to use electronic systems. think, including using our change.

When I was Governor of Il



Most doctors haven't invested in the necessary technology to do e-prescribing. The reasons are complex and range from a perceived lack of financial incentives to a reluctance to give up the familiar prescription pad. It is not expensive. This learning. Ultimately, I had to say, "Look, we are at a point where we can't afford to have people on the highway patrol who can't type. If you want to work here, you need to develop the skill to fill your reports out efficiently using a computer.

E-prescribing needs faster implementation. We have been through all the public processes necessary to develop standards. The technology is readily available and widely distributed. Electronic prescribing will enhance the safety and convenience for patients. Large health care providers, including Medicare and Medicaid, need to move toward making it a mandatory part of medical practice soon.

Wall Street Journal Opinion – Nov 16, 2007

By John Kerry and Newt Gingrich

E-Prescribing

By John Kerry and Newt Gingrich

In 1799, doctors likely hastened the death of George Washington by draining a third of his blood to treat a bacterial infection. Bleeding was a common practice in those days, it dates back to the Greeks and Romans.

nology is n

That must change.

The federal government can lead by requiring that doctors who do business with Medicare convert to e-prescribing. This can be done by using market forces and the federal government's purchasing power to align financial incentives.

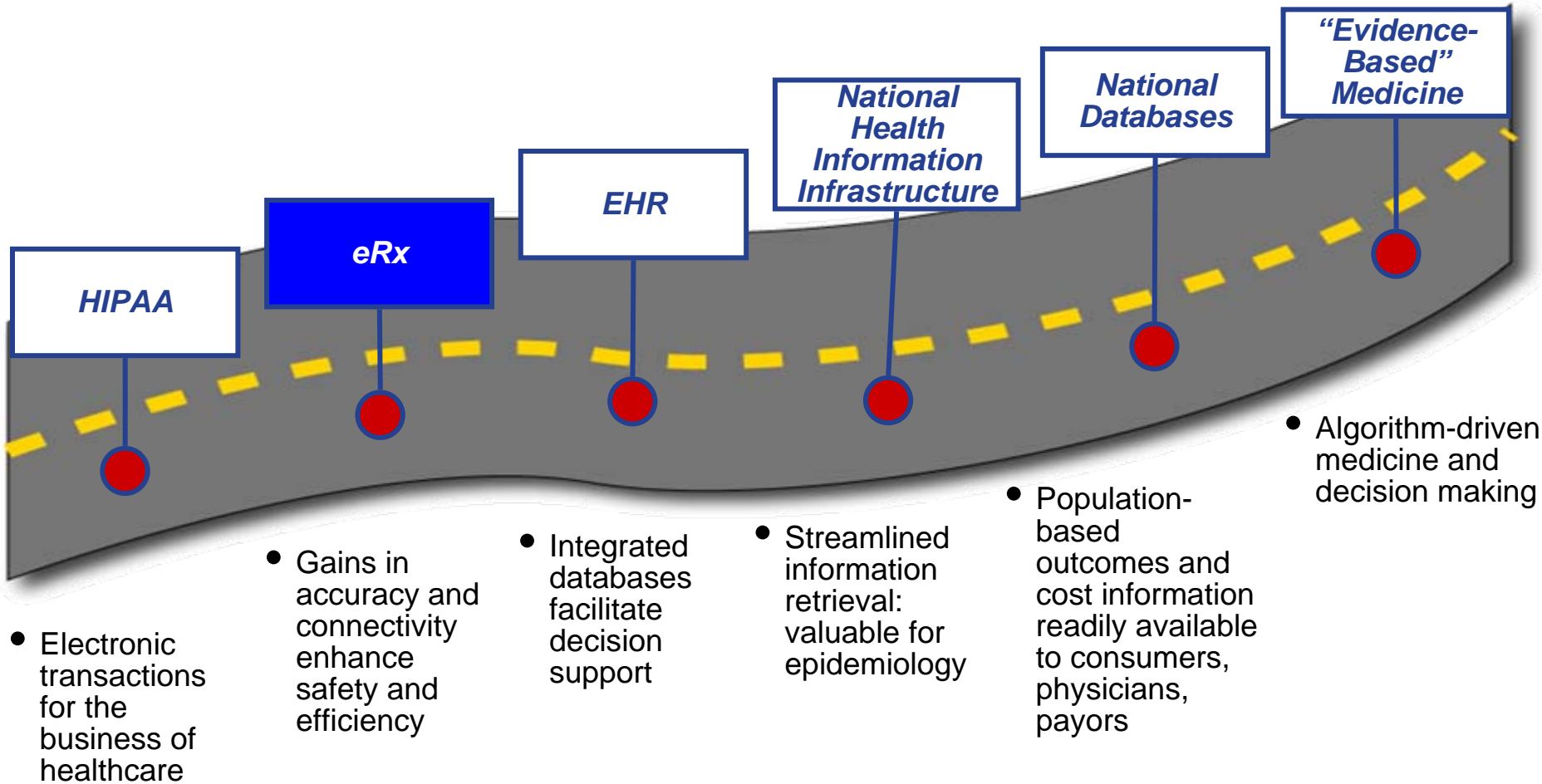
In 1799, doctors likely hastened the death of George Washington by draining a third of

First, offer bonus payments to Medicare doctors who already prescribe electronically or who adopt the technology. Such payments will help doctors, especially practices without many part-up costs. Private insurers, already using this strategy of e-prescribing.

doctors don't e-prescribe a the road, the government doctors to adopt e-prescrib- rial penalties. E-prescribing 'condition of doing business This is no different than the re- suppliers expect to see when with customers.

by the Department of Health vices estimates that if 18% of icare adopt e-prescribing, the ll save \$4 billion and nearly verse drug events can be pre- : years. thing Republicans and Demo- n. While we continue to debate e uninsured, improve quality,

The Roadmap for Improving Healthcare



MMA (Medicare Part D) & ePrescribing

- MMA established a real-time ePrescribing program to be used by prescribers, plans, pharmacies and pharmacists who serve Medicare patients
 - No mandate for physicians
 - Plans participating in the new Medicare prescription drug plan (Part D) must support an electronic prescription program

- NCVHS tasked with identifying foundation standards

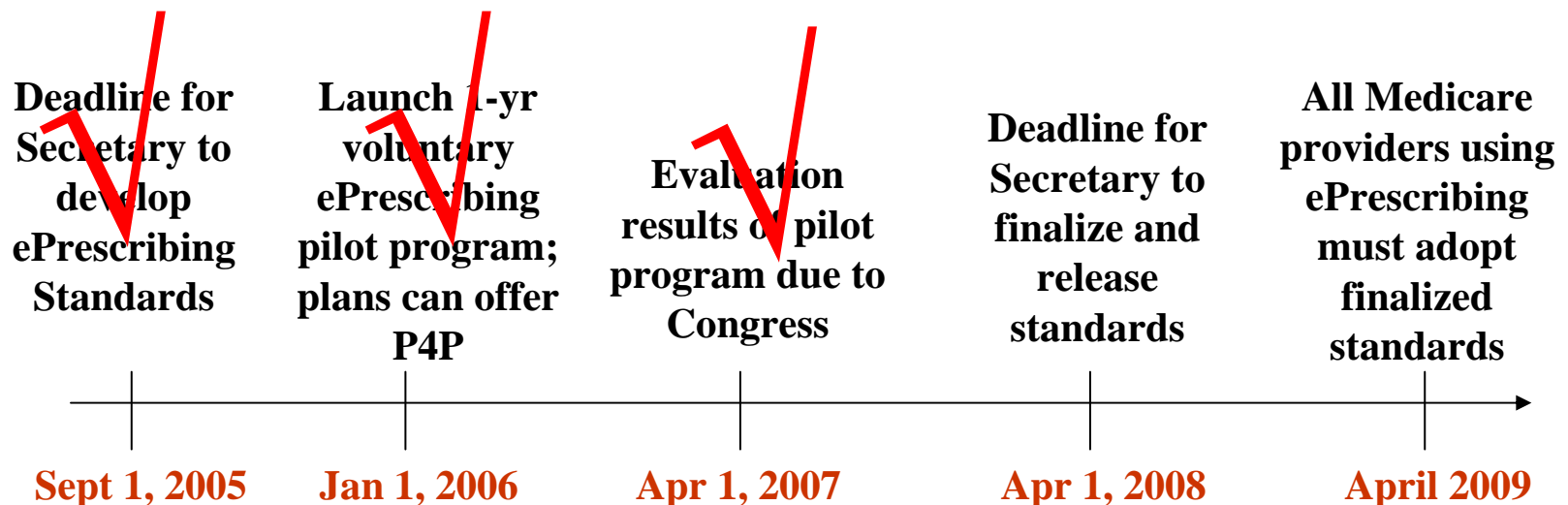
- Other components:
 - Discretionary grants to be made available to prescribers
 - Plans, hospitals, groups may purchase hardware for MDs
 - Plans may pay additional fees for reduced medication errors, improved formulary compliance & fewer adverse drug events

- Directs HHS to conduct an eRx pilot project in 2006, for areas where industry experience is insufficient

Impact of MMA (Medicare Part D)

■ Progress-to-date

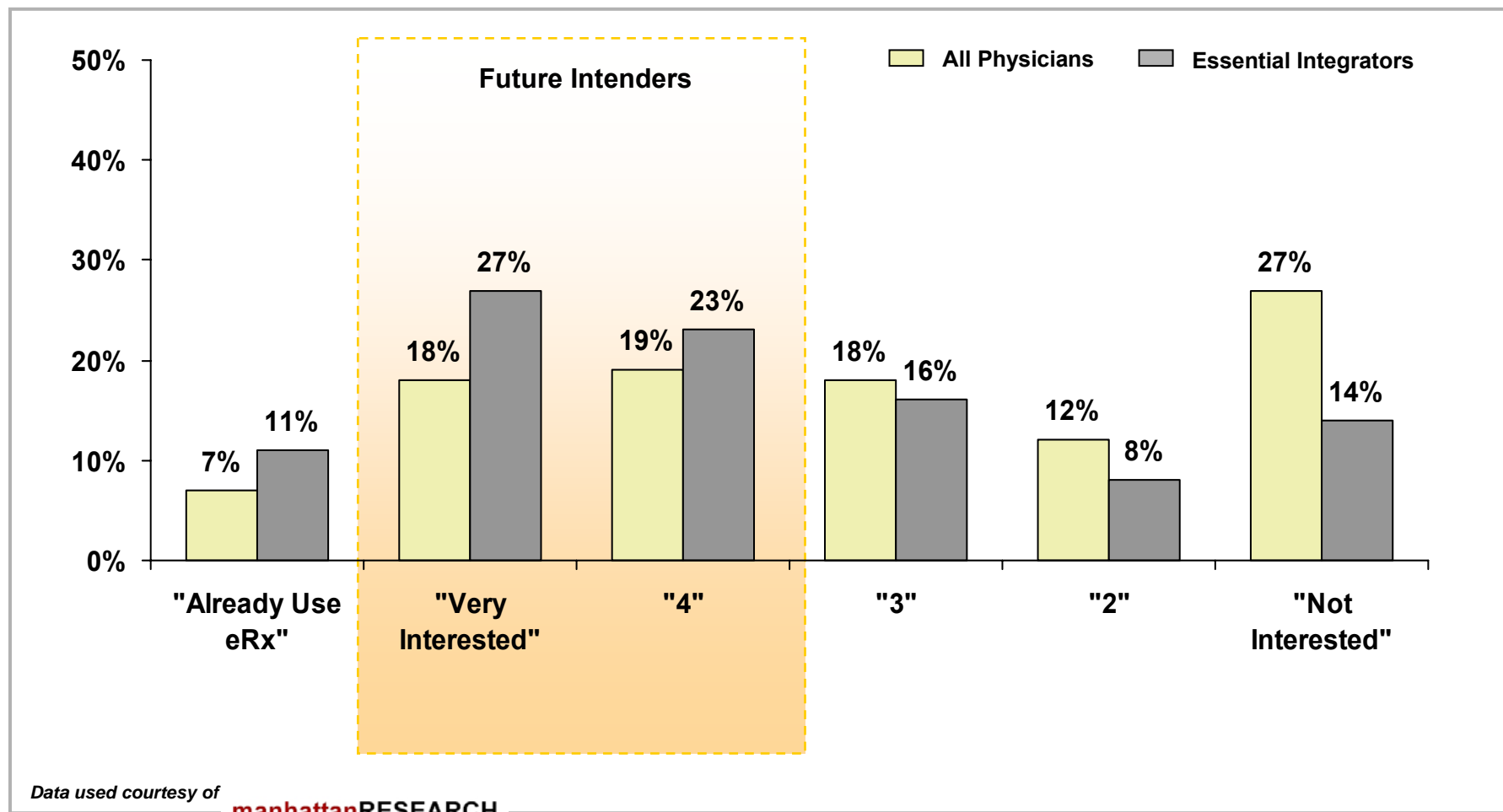
- Issued final rule naming foundation standards (11/05)
- Awarded 5 grants for ePrescribing pilots (12/05)
- New regulations excepting interoperable EHRs from safe harbor and Stark laws issued by HHS (08/06)
 - Clarification from IRS on not-for-profit entity subsidies (03/07)
- Published results from pilots (04/07)
- Announced a 5-year financial incentive program/demonstration project for 1,200 small- to medium-size Physician groups (10/07)
- Published NPRM on final standards (11/07)



Remaining MMA “To Dos”

- **Pay-for-performance for ePrescribing**
 - Lots of P4P demonstration projects
 - Bill is being floated among experts
- **Additional rules**
 - New NPRM in November
- **Additional pilots**
 - Minimally on ePrior Auth, Sig and RxNorm

Physicians Indicate a Strong Interest in ePrescribing System in the Next 12 Months





Next Steps

ePrescribe Florida – Fall Summit

High-Level “To Do List”*

1. Evaluate Need
2. Evaluate Product Options
3. Choose Product
4. Negotiate and Purchase
5. Develop Implementation Plan and Execute
6. Plan Next Phase of HIT (EMR, EHR?)
7. Share Successes and Failures With Others

* Source: *Electronic Prescribing for the Medical Practice: Everything You Wanted to Know but Were Afraid to Ask*, Hale, HIMSS, 2006

Resources

The screenshot shows a Windows Internet Explorer browser window displaying the ePrescribe Florida website. The browser's address bar shows the URL <http://www.eprescribeflorida.com/>. The website's navigation menu includes links for [Home](#), [About Us](#), [Join Us](#), [Contact Us](#), and [Site Map](#). A prominent banner features the ePrescribe Florida logo, which consists of a green outline of the state of Florida on a blue background, with the text "ePrescribe Florida" in a stylized font. To the right of the logo, the text "ePrescribe Florida!" is displayed in a large, bold, black font. Below the banner, a horizontal menu lists various user roles: [Prescribers](#), [Pharmacists](#), [Health Plans](#), [Vendors](#), [Patients](#), [Sponsors](#), [Events](#), [News](#), and [FAQs](#). The main content area is divided into two columns. The left column, titled "Who we are!", contains the text "Save Time! Save Money! Save Lives!" and a paragraph explaining the organization's mission to increase patient safety and meet the needs of the Florida public. It also mentions offering free educational and implementation programs. The right column, titled "What we do!", describes the benefits of electronic prescribing, such as improved accuracy, safety, and cost reduction. It also includes a call to action for the "ePrescribe Florida Summit" held from November 30 to December 2, 2007, in Orlando, FL. The browser's taskbar at the bottom shows several open applications, including Microsoft Office, ePrescribe Florida, and Strategy Development, along with the system clock showing 9:11 AM.

Resources (cont.)

Other HIMSS Websites: [HIMSS Analytics](#) | [HIMSS EMEA](#) | [HIMSS Foundation](#)

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- Ambulatory IS Topics
- Community Health Organizations
- HIMSS Katrina Phoenix Project
- CCHIT News **New!**

Meet the Author: Patricia L. Hale New!

Electronic Prescribing for the Medical Practice: Everything You Wanted to Know But Were Afraid to Ask

Electronic Prescribing for the Medical Practice: Everything You Wanted to Know But Were Afraid to Ask is an essential book for any outpatient clinician, IT manager or professional. Whether it serves as a primer on the utilization of healthcare IT in an outpatient/ambulatory care setting, or as a more advanced tool for implementation, *Electronic Prescribing for the Medical Practice* is a concise step-by-step guide on planning, choosing, and implementing electronic prescribing for practicing physicians and their office staff.

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HIMSS Resources:

October 15 to
December 5, 2007



The End

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“The Blind Men and the Elephant”

It was six men of Indostan
To learning much inclined,
Who went to see the Elephant~(Though all of them
were blind),
That each by observation~Might satisfy his mind.

The First approached the Elephant,
And happening to fall
Against his broad and sturdy side, ~ At once began to
bawl:
"God bless me! but the Elephant ~ Is very like a wall!"

The Second, feeling of the tusk,
Cried, "Ho! what have we here?
So very round and smooth and sharp? ~ To me 'tis
mighty clear
This wonder of an Elephant ~ Is very like a spear!"

The Third approached the animal,
And happening to take
The squirming trunk within his hands, ~ Thus boldly
up and spake:
"I see," quoth he, "the Elephant ~ Is very like a
snake!"

The Fourth reached out an eager hand,
And felt about the knee.
"What most this wondrous beast is like ~ Is mighty plain,"
quoth he;
"Tis clear enough the Elephant ~ Is very like a tree!"

The Fifth who chanced to touch the ear,
Said: "E'en the blindest man
Can tell what this resembles most; ~ Deny the fact who
can,
This marvel of an Elephant ~ Is very like a fan!"

The Sixth no sooner had begun
About the beast to grope,
Than, seizing on the swinging tail ~ That fell within his
scope,
"I see," quoth he, "the Elephant ~ Is very like a rope!"

And so these men of Indostan
Disputed loud and long,
Each in his own opinion ~ Exceeding stiff and strong,
Though each was partly in the right ~ And all were in the
wrong!

- *John Godfrey Saxe*