

# What Does It Take?

## Lessons Learned from Successful (and Unsuccessful) ePrescribing Initiatives

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### **The How-Tos of eRx Promotion Initiatives: Methods and Real World Experiences in e-Rx**

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# Agenda

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- Objectives
- Survey Participants
- Findings
- Conclusions
- Implications/Recommendations

# Survey Objectives

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- ▶ **Interview executives and project managers of ePrescribing Initiatives in different markets**
  - ▶ Telephone surveys with many open-ended questions conducted by Point-of-Care Partners
    - In some cases, different stakeholders involved in the same initiative were interviewed to obtain multiple perspectives.
- ▶ Determine best practices, lessons learned and critical success factors -- what is/is not working
- ▶ Share aggregate results to help impact Initiatives going forward.

# Survey Participants

# eRx Initiative Survey Participants

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- ▶ Twenty-five (25) executives and project managers from twenty (20) initiatives, representing the following stakeholders:
  - Eleven (11) Payers/Health Plans
  - Seven (7) Community Health Institutes or Networks/Exchanges
  - Two (2) Vendors
  - Two (2) Government/Public Agencies
  - Two (2) IT/fiscal advisors involved in the initiatives
  - One (1) Employer

# eRx Initiative Survey Participants

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The participants were surveyed regarding Initiatives taking place in the following States:

- ▶ Florida
- ▶ North Carolina\*
- ▶ Massachusetts\*
- ▶ Illinois
- ▶ Michigan\*
- Colorado
- California
- Washington\*
- New York
- Delaware\*
- Rhode Island\*
- New Hampshire
- Ohio
- New Jersey
- New Mexico

\*Ranked among the top 10 states that received SafeRx Awards from SureScripts in 2007

# When were the initiatives launched?

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2003 – (2)      2006 – (5)

2004 – (4)      2007 – (4)

2005 – (3)      2008 – (1)

- ▶ Two of the initiatives from 2006 have not yet launched
- ▶ The 2008 Initiative has a November implementation date

**In many cases, the time from initial planning until implementation is one year or more.**

# Findings

# What were the goals for the initiative(s)?

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- ▶ Quality and Safety
- ▶ Overall efficiencies and cost savings
- ▶ First step in getting physicians moving towards an EHR
- ▶ Response to need within the community/spearhead process
- ▶ Get formulary and drug lists to the physicians at point of care
- ▶ Manage diversion issues
- ▶ Profit
- ▶ Understand the ROI

Improvement in quality and safety and increasing efficiencies and decreasing overall costs drive the majority of eRx initiatives surveyed.

# Who is funding the initiatives?

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Most of the Initiatives had several sources of funding, but the top two were:

- ▶ Healthplans
- ▶ Grants—state, federal or both
- ▶ Additional sources included local organizations and/or sponsors within a community, employers.

Not surprisingly, if the Healthplan is a stakeholder in the Initiative, it is usually a key source of the funding.

# What is the governance structure?

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Of the 18 initiatives who responded to this question:

- ▶ Seven (7) reported being governed by an **executive committee of the primary stakeholder**
- ▶ Six (6) reported governance by an executive or steering **committee of stakeholders**
- ▶ Five (5) reported **no formal governance structure** but regular meetings with involved stakeholders

Regardless of the governance structure, what appears most important to the Initiatives is commitment from all stakeholders and regular working group meetings to oversee administration, vendor, implementation and utilization issues.

# Are you providing financial incentives?

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- ▶ **Ten (10)** initiatives provide financial incentives to MDs.
  - ▶ Terms vary but most require minimum utilization thresholds.
  - ▶ In markets where there are existing P4P programs, providers may be eligible because of their participation in the ePrescribing Initiative.
    - Of the Initiatives that do not provide financial incentives at this time, several are considering adding it in the near future
    - Almost all Initiatives provide hardware/software licenses and/or other start-up fees, which they see as a form of financial incentives.
      - ▶ In one Initiative, some malpractice insurers are giving discounts to participating physicians.

Most respondents view financial incentives tied to utilization as the necessary next step to drive long term utilization.

# How is your Initiative Structured in terms of vendors?

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- ▶ Five (5) Initiatives have a single vendor
- ▶ Nine (9) Initiatives are open to any certified eRx and EMR vendors
- ▶ Five (5) Initiatives have a limited set of vendors
- ▶ Most require minimum functionality

## Comments

- "Had issues with one vendor. Better to be neutral."
- "In the first phase, very loose and open to all-didn't work due to varying degrees of vendor capabilities. Second phase we established criteria (hand-held, portal based, etc) and added more vendors who met criteria. Phase III- considering just establishing criteria and not identifying any vendors."
- "Initially we were afraid of additional administrative costs with multiple vendors."
- "Cost—we wanted a good deal with a vendor."
- "Wanted to be open so all offices could participate."



# What are the lessons learned relative to vendors?

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The top three lessons:

- **Support-** Vendors must provide dedicated on-site office support. They need a robust service model
- **Delivery-** Vendors should deliver what is promised and make sure that what is promised has actually been implemented in diverse environments and it works.
- **Workflow-** Vendors need to understand the physician's workflow and stay innovative.

## Comments

- “Everything costs more and takes longer by a factor of 2 .”
- **“Vendors who did not have “feet on the street” saw lower adoption rates.**
- **”Deployment to a physician does not mean use.”**
- “Have a single point of contact who always knows what is going on.”

# What are the top results/values you expect and have these been met?

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- ▶ **Fourteen (14) respondents** whose goals included pt safety, increased generics/formulary compliance and the associated cost savings, report their expectations **have been met or somewhat met**. Many report **clear-cut, measurable savings**.
- ▶ Four (4) participants, primarily in rural areas, could not overcome technical and other barriers to yet see results
- ▶ Three (3) Participants felt it was too early to say.

## Comments

- “Yes at least as regards all the physicians who are actually using it .”
- “We won’t be satisfied until it is all electronic.”
- “Yes but I want it faster..”

Several respondents pointed out that metrics are needed to measure the ROI on improved patient safety. “ We see the alerts and physician responses to them so we know we are saving lives. We know that translates to cost-savings, but we can’t quantify it .”

# Lessons Learned: If you could do it all over again, what would you have done differently?

A dedicated field source to go to each office.	Pinning stakeholders to stronger commitments to their time lines
More emphasis on out-reach and promotion to the physicians. If you build it, they won't come!!	Get volume based incentives into the program
Speed development of transaction and data standards.	Partnered with more vendors.
Chose more than one vendor, increase the stakeholders, get more employers involved.	Ongoing service model beyond deployment.
Make sure you gave good connectivity before getting physicians in the rural areas involved.	Physician incentives up front and on-going service model.
Manage physicians better since they wait too long to report a problem and there are very few chances to recover when they do.	Better reporting database to evaluate value more easily.
Better defined criteria for vendor.s	Set more short-term, attainable goals.
Created a 501c to deal with the funding.	Better emphasize value for the physicians.

# Conclusions

# Conclusions/Recommendations

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- ▶ A successful Initiative should consider the following:
  - ▶ Professional, dedicated project management is a **must**
    - Experience in ePrescribing & neutral orientation preferred
    - Must manage vendors, data, physician organizations & project
  - ▶ Incentives are crucial
    - Compliment existing health plan programs
    - Enable physicians to capture MIPPA incentives
    - Provide for 'most important' physicians
  - ▶ Physician utilization data base is important
    - Allows ROI analysis
    - Track incentive payments
    - Managed by project manager

# Conclusions/Recommendations: Cont'd

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- ▶ A successful initiative should consider the following:
  - ▶ Vendors & Physician Organizations
    - Must have some acceptable minimum functionality & reporting
    - Must be managed so that they are appropriately focused
    - Need to meet regularly (monthly) to address implementation issues, best practices and utilization
  - ▶ Physician Advocate
    - Vendors, consultants, or others need to act as process improvement agents
      - ▶ With vendors, **buyer beware** – some vendors' business models, incentives are not aligned with utilization
    - Model varies by market & initiative
  - ▶ Communication to community stakeholders
    - Must keep in the loop with well conceived PR & marketing plan
    - Not decision making (Steering Committee)

Thank You!

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