



ePrescribing

ePrescribing: It's Not Over Till it's Over

By Tony Schueth, Editor-in-Chief

We've been saying it over and over: we've come a long way with ePrescribing, but we're far from declaring victory and going home to our electronic health records (EHRs). We know that physician uptake of ePrescribing is still not where it needs to be, although we believe that will change in the next few years due to federal incentive payments for meaningful use (of which ePrescribing is a key component).

The good news is that Surescripts just released its [national progress report for 2010](#) and we've seen advancement in ePrescribing adoption. Among the findings:

- **Prescribers:** The number of ePrescribers grew from 156,000 at the end of 2009 to 234,000 by the end of 2010—representing about 34% of all office-based prescribers. About 79% of prescribers used EMRs in 2010, up from 70% the year before.
- **Pharmacies.** Nine of 10 community pharmacies were connected for Surescripts' prescription routing in 2010, and six of the largest mail order pharmacies could receive ePrescriptions.

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EHR Implementation

AMA Offers Free Online Resources on Health IT Adoption

By Ed Daniels, Contributing Editor

The American Medical Association (AMA) just introduced a new series of on-line tutorials to help physicians adopt health information technology (HIT). The series of six short narrated modules, developed under contract with Point-of-Care Partners (POCP) who served as content providers, provides step-by-step instructions to help physicians choose, purchase and implement the best technology systems for their practice.

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ePrior Authorization

The Value of ePrior Authorization is Beginning to be Recognized in HIT

By Tony Schueth, Editor-in-Chief

There are many ways to drive up value in ePrescribing, not all of which have been on the radar screen. Until recently, one that has been missing in action is ePrior Authorization (ePA), despite the value it could bring to the table and thus help drive ePrescribing adoption.

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AMCP Annual Meeting and Showcase

AMCP Annual Meeting and Showcase: Defining the Role of Managed Care Pharmacists in the World of HIT and ACOs

By Tony Schueth, Editor-in-Chief

The healthcare landscape is shifting in so many ways, what with changes in payment models, mandates for health information technology (HIT), and the rise of Accountable Care Organizations (ACOs) and Patient Centered Medical Homes (PCMHs), just to name a few. Stakeholders are trying to sort out what all this means to them, and managed care pharmacists are no exception.

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- **Medication History.** Medication histories delivered by Surescripts to ePrescribers grew 184%, from 81 million in 2009 to 230 million in 2010.
- **Prescription benefit information.** Electronic responses to requests for prescription benefit information grew 125%, from 188 million in 2009 to 423 million in 2010.
- **Payers.** With its connections to payer, Surescripts could provide access to prescription benefit and history information for more than 66 percent of patients in the U.S. in 2010.

Despite the ePrescribing gains reported by Surescripts for 2010, the numbers belie the hard work that remains ahead. Just having an ePrescribing system doesn't mean that the prescriber is accessing the functionality that drives patient safety and return on investment (ROI).

That message was underscored by a recent [study](#) by the Center for Studying Health System Change (HSC), which looked at physician practices' experiences using ePrescribing systems to access external information on patient medication histories, formularies and generic alternatives. The study had three key findings:

- Most practices reported that physicians had access to patient formulary information, while about half reported physician access to patient medication histories. Many physicians did not routinely review these sources of information when making prescribing decisions.
- Study respondents highlighted two barriers to use: 1) tools to view and import the data into the patient's record were cumbersome to use in some systems; and 2) the data were not always perceived as useful enough to warrant the additional time needed to access and review them, particularly during time-pressed patient visits.
- Overall, physicians who more strongly perceived the need for third-party data, those in practices with greater access to complete and accurate data, and those with easier-to-use ePrescribing systems were more likely to use these features consistently.

Point-of-Care Partners (POCP) believes these results indicate two things. The first is the need to keep our eye on the bouncing ePrescribing ball and stay involved. Payers -- who ultimately will be a large beneficiary of ePrescribing's value and safety -- cannot just walk away and leave the federal government to handle implementation. It is true that the federal government has set a pretty low bar for implementation, but payers should resist the temptation just to check off the box at such a low level and call it a day. The value of ePrescribing lies in its "above-the-bar" functionality and its creation of competitive advantage.

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ePrescribing

The Southeastern Michigan ePrescribing Initiative (SEMI) is an example of a long-standing coalition that could have declared victory a few years ago, but keeps on driving ePrescribing adoption because of its value to payers, providers and patients who comprise the coalition. Success is in the numbers. Last month alone, one million ePrescriptions were written on ePrescribing or electronic health record (EHR) system in the Detroit-metro area. The coalition includes General Motors, Ford, Chrysler, the United Auto Workers, Blue Cross Blue Shield of Michigan, the Health Alliance Plan, Henry Ford Medical Group, Medco Health Solutions and CVS Caremark.

The HSC study also suggests the need to educate ePrescribers, both on ePrescribing systems themselves and on the value provided by “above-the-bar” functionality, such as formulary and benefit information and medication history. Fortunately, more and more resources are becoming available to help.

As example is the newly updated and released [A Clinician's Guide to Electronic Prescribing](#) published by the American Medical Association, the American Academy of Family Physicians, the American College of Physicians, the Medical Group Management Association, the eHealth Initiative, and The Center for Improving Medication Management. The guide, which was released on April 26, 2011, is an update to the original version created in 2008. It is a great resource for both novice and expert ePrescribers and includes: information on the federal incentive programs; the new rule from the Drug Enforcement Administration, which allows ePrescribing of controlled substances under certain circumstances; and a buyer's guide that outlines what type of features and functionality providers should look for in an ePrescribing system. Other topics include information on the modular vs complete approach to an EMR, how to optimize implementation of ePrescribing, and helpful FAQs.

We applaud the organizations that put together this well written and easy-to-understand guide, which will help ePrescribers overcome its own set of challenges. And we all must continue to work together to realize ePrescribing's value and safety benefits.

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The modules enable physicians and their staff to align health IT with their patient and practice needs. The tutorials last about eight minutes each and cover all aspects of health IT adoption, including adoption strategy and needs assessment, workflow analysis, technology selection, training and implementation. Each module qualifies for Continuing Medical Education (CME) credit. The modules can be accessed on the AMA website at: http://www.ama-cmeonline.com/health_it/

The creation of the AMA's on-line HIT-related education program for physicians is part of a growing effort by the provider community to spur HIT adoption. As we continually note in [HIT Perspectives](#), significantly moving the needle on HIT adoption will depend on educating providers on HIT systems themselves, the value and safety benefits created by use of such functionalities as formulary and benefit information and medication history, and how their practices can use HIT to align with federal incentive payments. The AMA's new tutorials are among an increasing selection of on-line, provider-focused resources to help ramp up HIT implementation.

The creation of the new tutorials also represents POCP's focus on all facets of HIT management and strategy. We specialize in large and complex projects involving the multi-faceted and dynamic niches of HIT. Our clients are a "who's who" of stakeholders, such as the AMA.

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ePrior Authorization

The Value of ePrior Authorization is Beginning to be Recognized

By Tony Schueth, Editor-in-Chief

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Point-of-Care Partners (POCP) has been heavily involved in the last few years in trying to advance the use of ePA. We also have been long-time believers in the ePA value proposition. For example, our literature-based analysis revealed the potential for concrete ROI in several areas:

- The “sweet spot” for realizing value with ePA is the labor cost savings associated with a reduction in follow-up communications and disruptions in workflow. For example, the \$10 -- \$25 cost associated with each paper-based PA request to a health plan or PBM is a big target for potential cost reduction with ePA
- ePA could reduce follow-up required due to authorization requests containing errors or incomplete information
- ePA could eliminate labor for manual data entry of PA request into payer computer systems
- ePA value may promote clinically appropriate ePrescribing and discourage overuse of particular drugs
- Use of ePA can improve patient and provider satisfaction due to reduced hassles and quicker access to therapeutically appropriate medication therapies

Recognizing this kind of value inherent in ePA, states are beginning to mandate its use through legislation. For example, North Dakota recently enacted legislation (Engrossed House Bill No. 1422) that will require ePrescribing systems to perform ePA directly. Minnesota’s ePA mandate was pushed back to 2015 and allows it to occur through a portal or hyperlink (<http://www.health.state.mn.us/asa/drugauth.html>) There are also ePrescribing bills with ePA language floating around North Carolina and New Jersey.

Whether spurred by this legislation or other commitments, CVS Caremark recently announced an ePA pilot with Surescripts, Allscripts and Navinet. POCP is serving as a project manager.

Despite the potential value inherent in ePA, the devil is in the details—or in the standards, more specifically. ePA is one of the transactions included in the suite of transactions named in the Health Insurance Portability and Accountability Act (HIPAA). Officially it’s the ASC X12N 278 v4010—Health Care Services Review—Request for Review and Response.

A recent government-sponsored pilot found the 278 was not adequate to support drug ePA because it was designed for prior authorization of medical procedures and durable medical equipment. As a result, many — including the government and the industry — believe that a new standard is needed altogether. In the latter camp are Doug Fridsma (director of the Office of Interoperability and Standards at the Office of the National Coordinator for Health IT) and Steven Posnak (director of the federal policy division at ONC’s Office of Policy and Planning). In a recent [blog](#), they addressed the lack of an ePA standard and the fact that standards need to be pilot tested.

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ePrior Authorization

To that end, pilot testing of newly developed ePA standards is underway. The National Council for Prescription Drug Programs (NCPDP) has approved an ePA standard, which is poised to be pilot tested before industry adoption. CVS Caremark recently announced that it will be conducting an ePA pilot test of its own proprietary ePA standard, with POCP as the project manager.

We are heartened that ePA is finally getting some attention. It is a value proposition we can no longer ignore.

Managed Care Pharmacists

Defining the Role of Managed Care Pharmacists in the World of HIT and ACOs

By Tony Schueth, Editor-in-Chief

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That was a key theme of the recent Academy of Managed Care Pharmacy (AMCP) annual meeting in Minneapolis, which brought together 3,500 of the most prominent thought leaders in managed care pharmacy.

We believe AMCP is asking the right questions and working strategically to position managed care pharmacy for the future. Among the fundamental questions that need to be addressed: What is the role of pharmacy going forward, particularly in the new world presented by ACOs?

POCP believes that pharmacists, including managed care pharmacists, can be an integral part of the ACO model, especially by leveraging their strengths in the current environment,

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Managed Care Pharmacists

such as medication therapy management. According to AMCP and others, studies have demonstrated that pharmacists participating in team-based care models have made positive contributions to patient care and safe medication use. Pharmacists are uniquely positioned in the health care system to help optimize appropriate medication use, reduce medication-related problems and improve health outcomes. As a clinical expert working as part of an interdisciplinary team, pharmacists can help determine whether medication use is contributing to unwanted effects or is achieving desired care outcomes.

Further, integrated systems of care—like ACOs—will likely view medication therapy by pharmacists as essential to care delivery and to meet ACO quality and cost targets. Pharmacists in community settings, hospitals and managed care organizations are already actively involved with prescribers and patients, with their interactions are intended to improve quality and appropriateness of care, which are the very cornerstones of the ACO model.

To assist with addressing issues related to pharmacy and health information technology (HIT), AMCP also has also created a Health Information Technology Advisory Council, which met prior to the conference.

POCP is tracking the growing role of pharmacists in the rapidly growing number of ACO-like organizations, whether they are Medicare, Medicaid or private sector. Let us know if we can keep you updated on the impact of ACOs on this key stakeholder group.

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