

Roundtable Discussion

Combining Efforts To Advance The Use and Ease of E-Prescribing

E-prescribing — transmission of prescription information from physician to pharmacist through cyberspace — though actively promoted by the federal government and made legal in all 50 states frequently encounters obstacles in the complexity of the health care arena. Widely acknowledged as capable of saving both lives and money, e-prescribing remains hampered by concerns over investment costs, incomplete patient data, privacy requirements, the issue of controlled substances and prescriber reluctance.

Because “closed” health care systems such as those in the Veterans Health Administration, Military Health System and Indian Health Service lead the nation in successful use of e-prescribing, the nonprofit Institute of Federal Health Care held a roundtable discussion to see how the experiences of those agencies might help the private sector move forward. The roundtable was attended by representatives from federal agencies, congressional staff, industry, professional associations, beneficiary groups and other private-sector organizations.

Roundtable participants agreed that new Medicare provisions offering incentives for providers to use e-prescribing — and, after several years, penalties for not doing so — will facilitate its proliferation (www.cms.hhs.gov/eprescribing). They recommended collaborative action among all players to address current

obstacles and to enhance the Medicare incentives and suggested creation of an ad hoc committee to this end.

Some participants cautioned that, too often, competition rather than collaboration comes into play, and emphasized there must be “common agreement on a problem” before successful collaboration can occur.

Suggestions emerging from the roundtable discussion include:

- There is need to expand and standardize available prescription databases to encompass the “broadest range” of care settings and include such programs as Medicaid. “The stumbling block is connecting for eligibility in formulary transactions.”

SureScripts-RxHub, which maintains the national network that allows prescribers to retrieve patient eligibility, claims history and formulary information and that enables real-time transmission of electronic prescriptions to a pharmacy chosen by the patient, is working to incorporate box-store pharmacies and Medicaid into its data base of prescription claims. The challenge is how to include all independent pharmacies.

- Formularies should be made uniform to the extent possible. Participants wondered why each insurer and health plan must have its own set of preferred drugs and acceptable therapeutic equivalents, a proliferation which complicates the e-prescribing process and contributes

Discussion Highlights

- **Fewer than 10 percent of physicians currently use e-prescribing, largely because of the costs involved. A project in New Jersey found that of 300 physicians who were willing to use e-prescribing technology (akin to a PDA) provided by an insurer, only about half remained in the program when they had to assume the expense themselves.**
- **Commercial insurers tend to include e-prescribing as a small portion of their IT budgets, when its real value lies in the medical area — avoiding the cost of adverse reactions or duplicative medications. Until e-prescribing is moved to the medical side of insurers’ ledgers, garnering additional funding is problematic — though the new Medicare requirement should help this happen.**
- **Providers who adopt e-prescribing systems should have technical assistance available. It won’t work to proffer such systems and then leave providers hanging.**
- **Patients who fail to fill or renew their prescriptions remain a significant obstacle to reaping and measuring the benefits of e-prescribing.**
- **The Drug Enforcement Administration (DEA) currently is working on ways to allow the 12 percent of all prescriptions that involve controlled substances to be included in e-prescribing systems.**

to provider reluctance to use it.

- Incentives are needed to encourage physicians and pharmacists to work collegially with each other.

Focus on the Patient

Participants agreed that the focus in e-prescribing should be on the patient, not on technology or cost. “We must keep in mind that e-prescribing improves patient safety. Let’s not lose the forest for the trees.”

Patients represent a powerful force to help push the adoption of e-prescribing and should be encouraged to ask their physicians why the technology is not being used. Organizations such as the American Society of Consultant Pharmacists and the AARP are engaging patients in efforts to do just this.

The Value of Closed Systems

The true value of e-prescribing occurs at the level of the prescriber-patient interface, not the pharmacy: If a prescriber can check for adverse interactions as the prescription is being written, it saves time and money by avoiding the need for clarification later between prescriber and pharmacist and enhances safety by giving the physician important drug-history information.

The Military Health System, Veterans Health Administration, Indian Health Service — all closed systems — offer this capability through their electronic medical record systems that include patient history data and allow real-time checking for potential adverse interactions or other problems. For example, in the Military Health System, checks for potential adverse interactions can be made by the prescriber in less than six seconds.

The VA’s electronic health record, VistA, is used systemwide, in both inpatient and outpatient settings. All prescriptions are done electronically (99 percent), except for those involving narcotics. VA’s uniform formulary gives top priority to patient safety. Physicians are made aware at the time of prescribing of the cost of the medication they are considering for a patient, thus enhancing prudent choice.

VA’s My HealthVet program allows patients to access and add to their medical records, including prescription information. For example, use of herbal medications and vitamins can be entered, and prescription refills can be ordered.

The Indian Health Service uses an electronic record system based on VA’s but modified to meet requirements of its patient base and of tribally operated facilities.

Because the VA and IHS electronic record systems are open-source and in the public domain, they “can be used outside the federal sector.”

The Military Health System wants to expand its e-prescribing capability to include private-sector pharmacies, where 70 percent of its beneficiaries purchase their prescriptions (as opposed to having them filled in military facilities). A test program by CMS in South Carolina may help pave the way: Data from military electronic records will be added to Medicare’s pilot personal record project there. The yearlong test is behind schedule, however, because of difficulty in meeting stringent privacy requirements.

Systems Approach Needed

E-prescribing requires melding patient data from all available

sources, so that a physician can find a patient’s electronic account when a prescription is being written. “We need simple communication between prescriber and dispenser, and the incentive to use it.”

Some roundtable participants suggested the current health care enterprise is so complex that it really is a “non-system” and might in fact work better if it resembled the closed systems found in federal agencies: “Should we look at nationalizing the health system using the models that work in the public sector?”

At a minimum, it was proposed, there are pieces of these closed systems that could be adopted in the private sector.

Participants in this roundtable: Madhulika Agarwal of the Veterans Health Administration; Cynthia Bascetta of the Government Accountability Office; Randy Boldyga of RxNT; René Campos of MOAA; John Class of MOAA; Barbara Cohoon of the National Military Family Association; Paul Cotton of AARP; Tracy Egler of Express Scripts, Inc.; Mark Frisse of Vanderbilt University; Tom Groom of SureScripts-RxHub; Lisa Guerra of MedPlus; Howard Hays of the Indian Health Service; David Hunt of the Office of the National Coordinator for Health Information Technology; Charles Jarvis of NextGen Healthcare Information Systems; Tom Leary of HIMSS; JP Little of SureScripts-RxHub; Thomas McGinnis of the TriCare Management Activity; Steven Miller of Express Scripts, Inc.; Arnauld Nicogossian of George Mason University; Kristy Park of the House Veterans Affairs Committee; Dena Puskin of the Health Resources and Services Administration; Rick Ratliff of SureScripts-RxHub; Mary Rosado of Express Scripts, Inc.; Rick Sage of eRx Network; Claudia Schlosberg of the American Society of Consultant Pharmacists; Brian Seiz of Express Scripts, Inc.; Jeffrey Taylor of Aetna; Brian Wagner of the eHealth Initiative.

The roundtable was moderated by Rick Erdtmann of the Institute of Medicine. IFHC Managing Director is Nancy Tomich (www.fedhealthinst.org). The roundtable was sponsored by Express Scripts, Inc.