Electronic Prescribing (eRx): The Pros and Cons

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August 13, 2009
Boston HealthNet

- Established in 1995
- Partnership between Boston Medical Center, Boston University School of Medicine and 15 Community Health Centers (CHCs)
- The network’s CHCs account for
  - 1.2 million patient visits annually
  - Over 206,000 patients
  - 173.18 FTE Physicians
- 14 of the 15 CHCs have EMRs, beginning in 2002
e-Prescribing Defined

The two-way [electronic] communication between physicians and pharmacies involving new prescriptions, refill authorizations, change requests, cancel prescriptions and prescription fill messages to track patient compliance.

Electronic Prescribing is not Faxing or printing paper prescriptions.

-National Council for Prescription Drug Program, Inc. (NCPDP)
With or Without eRx

With eRx

- Reduces Cost
  - Increasing speed and ease of issuing new prescriptions
  - Reducing paper prescriptions
  - Reduces back-and-forth communication with the pharmacy
- Improves in safety and quality of care
  - Reduce errors due to illegible paper-based prescriptions.
  - Clinical decision support
  - Becomes part of the electronic patient record
- Improves patient satisfaction
  - Reduces wait time
  - Improves compliance
- Incentives from payors, feds

Without eRx

- Difficulty reading handwritten prescriptions
- Phone call needed for 30% of all prescriptions
- Inefficient prescribing process
- Prescriptions lost by patient
- Little potential for Clinical Decision Support
- Medication errors harm over 1.5 million people each year (IOM 2006)
- Treating drug-related injuries in hospitals cost about $3.5 billion annually (IOM 2006)
Prescriptions Today

- Physicians write close to 4 billion prescriptions a year
- Physicians write a prescription from mental drug list
- Call to confirm prescription (over 150 million calls per year)
- Clarify handwriting
- Dosage?
- Drug?
- Request changes if required based on benefits
- Check eligibility
- Determine benefit

Boston HealthNet: Bringing Together the Best
Electronic transmission MD to Pharmacy (e.g. fax)

- Electronic SCRIPT standard
- Patient doesn’t have to carry paper prescription
- Legible script
- Reduced double data entry

Remaining Issues:
- Formulary Compliance
- Eligibility
- Co-pay
- Wait time
**Electronic Eligibility Check**

- **Eligibility Known**
- **Formulary and preferred drug known at point-of-care**
- **Patient drug history**

- **Manage prescription drug benefits**

- **Co-pay minimized**

- **Clean and legible script when printed**

**Remaining Issues**

- Medications not submitted for payment by patient are not known by PBM
- Patient wait time remains high
- Pharmacy data entry still required
- Pharmacy competitive position on physicians’ desktop
eRx: Complete Prescription Cycle
E-Prescribing Growth by State

Status of Electronic Prescribing Across the U.S.

States are ranked based on the number of prescriptions routed electronically in 2006 as a percentage of the total number of prescriptions eligible for electronic routing.

Note: Statistics detailing e-prescribing adoption by individual state will be announced at a press event hosted by the former Speaker of the House Newt Gingrich in the nation’s capital during National Patient Safety Awareness Week (March 2 - 8, 2008). The event will include the first ever nationwide ranking of e-prescribing adoption across all 50 states and Washington, D.C. For additional information on e-prescribing activity go to www.surescripts.com/progressreport.

Source: National Association of Chain Drug Stores (NACDS), National Community Pharmacists Association (NCPA), SureScripts, operator of the Pharmacy Health Information Exchange™.
Kryptiq’s eSM Solution: Minor Workflow Change

- Proposed workflow is almost identical to current workflow
- eRx enabled pharmacies appear with an (*) asterisk next to the name
- Users will select ‘Electronic’ as the Prescribing Method
Kryptiq’s eRx Workflow

- Sending a new prescription with eSM fits seamlessly into current prescription workflow
- New prescriptions get sent securely from Centricity on the prescriber’s desktop through eSM Central and SureScripts to the pharmacy
- Minimal Training
## Challenges

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<thead>
<tr>
<th>Issue</th>
<th>Solution</th>
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<tbody>
<tr>
<td>Some CHCs pharmacy’s not on SureScripts network</td>
<td>Contacted pharmacy and had them added</td>
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<tr>
<td>Multiple locations of care at BMC</td>
<td>Used a consolidated location of care (home location).</td>
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<td></td>
<td>This does pose a prescription origin and contact info issue.</td>
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<tr>
<td>Prescriber Phone number</td>
<td>Phone number of general service was used.</td>
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<td>NPI number wasn’t associated</td>
<td>eSM upgrade – manual process to register residents currently</td>
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<td>eRx latency</td>
<td>eSM backend query issue, Obs Table issue; resolved with new query.</td>
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<td>Collaborating provider not on script</td>
<td>Kryptiq will add a field on the back end to send this information in the electronic transmission. Upcoming release will correct this.</td>
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<td>BMC pharmacy – workflow issues</td>
<td>Inpatient discharge issue; prioritization issue; volume change.</td>
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<td>Refill Requests from Pharmacy</td>
<td>We decided to start with New Rx only. Process for refill requests need to be fixed with Pharmacies first.</td>
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<td>Oct 1, 2008 – TRP mandate</td>
<td>Microprint on script</td>
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<tr>
<td>April 1, 2009 e-Prescribing Standards</td>
<td><strong>Currently we are on Logician 5.6 and there is no solution</strong></td>
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BHN User Feedback

- MD’s have not felt too much of a difference (that’s a good thing)
- NP’s perceive their productivity has increased
  - No need to wait for physician to manually sign
  - Can submit Rx immediately and move on
- Believe the call-backs from pharmacies have decreased 80%
- Do not need to re-fax Rxs
- Would like DEA to allow eRx of controlled substances
BHN Feedback (cont’d)

- April 1, 2009 eRx standards not possible with Logician 5.6. These include:
  - Formulary & Eligibility
  - Fill status
  - Medication History
So, what’s the bottom line?

- E-Prescribing
  - has not changed provider work flow very much
  - has tremendous benefits to support staff, CHC and patients.
Thank You!

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