

The Road to Meaningful Use: Leveraging E-Prescribing to Improve Medication Management

A Collaborative Forum Hosted by the Center for Improving Medication Management on April 29, 2010

Purpose of this Document

The purpose of this document is to summarize the content from The Road to Meaningful Use, a Collaborative Forum on e-prescribing hosted by the Center for Improving Medication Management in Chicago on April 29, 2010. The document will be distributed to participants at the session as well as other interested stakeholders. It is intended to serve as a resource for the industry and to provide the consensus that resulted from the session on barriers to e-prescribing, potential solutions, and opportunities where collective effort could be useful.

Background

A multi-stakeholder collaborative forum on e-prescribing was convened in Chicago on April 29, 2010 by the Center for Improving Medication Management. Attendees included payers, pharmacy benefit managers (PBMs), medical society leaders, provider organizations, pharmacies, technology vendors, pharmaceutical manufacturers, other health information technology organizations, and Center leaders.

The objective of the session was to gain consensus on the key barriers to e-prescribing from the perspectives of the participants and to begin to identify areas for collective effort to help address the key barriers and continue to pave the way for successful and widespread adoption of full e-prescribing as one of the core and most mature components of meaningful use of electronic health records (EHRs).

Kate Berry, Executive Director of the Center and Senior Vice President of Surescripts, moderated the forum.



Health Information Technology Trends: The E-Prescribing Landscape

The stage was set for the session with a presentation on health information technology trends and the e-prescribing landscape by Michael Lake, Circle Square. He presented information from his HIT Trends monthly that shows the dramatic impact that recent ARRA HITECH legislation is having on e-prescribing. Even though studies are showing an ROI for payers and benefits to providers for adoption of standalone e-prescribing solutions, the future is clearly in the direction of e-prescribing as a component of an EHR. It's in fact central to the meaningful use criteria to be used as a basis for provider incentives.

The emerging issue is e-prescribing utilization with studies showing adoption of EHR technology somewhere between 20%-40%, but utilization of critical e-prescribing functions in single digits. There's a particular issue, as reported in an OIG study, around utilization of formulary and benefits information.

E-Prescribing Adoption Status

Mike Hughes, Director of Marketing for Surescripts, presented additional insights on e-prescribing adoption and use. At the end of 2009, 156,000 or about 25% of office based physicians were actively e-prescribing, more than double the number at the end of 2008 and 70% of those physicians are e-prescribing using a full EHR. Prescription benefit and medication history information is available through e-prescribing on 65% of the U.S. population and 85% of the nation's retail and mail order pharmacies are enabled for electronic prescribing.

"70% of e-prescribers are using a full EHR for e-prescribing."

E-Prescribing Standards

Bob Beckley, Senior Vice President Customer Innovation, Surescripts, presented an overview of e-prescribing standards. All standards used by Surescripts, the operator of the largest national e-prescription network, are from American National Standards Institute (ANSI) accredited Standards Development Organizations (SDOs). For prescription benefit, the standard message is the x12 270/271 for eligibility transactions. The National Council for Prescription Drug Programs (NCPDP) SCRIPT standard is used for medication history request and response messages in the ambulatory setting and for new prescriptions, refill request and response, change request and response, cancel request and response, prescription fill, and transfer prescription (under development).

Surescripts Certification

Bob Beckley also described the Surescripts process for certifying all participants on the network including payers, PBMs, e-prescribing and EHR vendors, pharmacies, and pharmacy software providers. Certification is required for all participant applications for all services and ensures that the application sends and receives electronic transactions per industry standards and workflow, provides open choice for medication selection and dispensing location, and promotes patient safety, efficiency of the e-prescribing process, and ease of use by end-users. Surescripts grants certification specific to one

application, one version, and one connection. Certification requirements include technical and workflow requirements and they are revised periodically and refined based on past certification and production experience. Feedback is solicited from network participants. The certification process includes a full demonstration of the application, execution of test cases, directories certification, and a Certification Review Board which oversees the process. The certification requirements, processes and test cases are based on Surescripts guiding principles of objectivity, neutrality, transparency, auditability and legality.

The Certification Commission for Health Information Technology (CCHIT) 2011 e-prescribing requirements include new, renewals, prescription history, eligibility, and formulary. Surescripts conducts e-prescribing certification on behalf of CCHIT. If a vendor is already certified with Surescripts, the vendor just needs to present its Surescripts certificate to CCHIT.

Payer/Pharmacy Benefit Manager Panel

Gwenn Darlinger, Blue Cross Blue Shield Association, led a panel of payer/PBM leaders: Ashley Allen, Blue Cross Blue Shield Florida; Kim Caldwell, Humana; Bruce Wilkinson, CVS Caremark. They discussed their experiences with e-prescribing including successes, barriers, potential solutions and collaboration opportunities with a focus on the use of prescription benefit, formulary, and medication history.

Many payers and PBMs have been leaders in e-prescribing including choosing to provide the technology to physicians at little or no cost to them because of their belief that the use of e-prescribing will improve patient safety and result in quality improvements and cost savings. They are concerned about the long-term uptake and utilization of e-prescribing to achieve the anticipated efficiency and quality improvements. There is also the need to address current subsidization of certain system capabilities, such as paying transaction fees for the end-point delivery of prescription benefit information, even in response to non-prescription related inquiries.

Factors that payer/PBM cite as leading to successful e-prescribing initiatives include physician incentives for adoption and use, a short list of eligible technology

Payer/PBM Panel Recommended Improvement Opportunities

Provide specific and actionable information to prescribers via e-prescribing.

Encourage training of prescribers and engagement of practice managers on e-prescribing with an EHR.

Promote use of most current version of EHR software.

Create more transparency around certification requirements including display of benefit and formulary and guidelines for workflow best practices.

Promote real time benefit checking that is fast and easy to use.

Encourage full use of e-prescribing functionality.

Promote forum for visibility into data display for end users.

Drive toward operational excellence in e-prescribing process.

solutions for physicians to choose from, high touch programs to assist practices in successfully implementing e-prescribing, and an emphasis on helping low users of e-prescribing overcome barriers.

Challenges that were discussed by this panel included confusion among stakeholders around expectations of how e-prescribing works and the impact. There is a perception that the prescription benefit and formulary may not be accurate and there are inconsistent representation of co-pay and other information when displayed to prescribers.

The market does not seem to clearly understand what Surescripts certification means in particular since Surescripts and RxHub merged. There are issues with previous versions of EHRs being deployed in physician practices which may require upgrades to enable full e-prescribing. There are challenges with the usability of the prescription benefit and formulary information in the EHRs for example where physicians may have to scroll down to access the information so they are less likely to use the information. While certification requires the e-prescribing and EHRs to pull down formulary information from Surescripts on a weekly basis, there are variations in how frequently the updated information may be made available to physicians exacerbating issues related to the perceived accuracy and timeliness of the information.

E-Prescribing/EHR Vendor Panel and Discussion

Allscripts, DrFirst, RxNT and NextGen participated in a panel of e-prescribing/EHR vendor representatives around the value their e-prescribing solutions to payers and providers and how it improves quality and efficiency in the physician practice. Themes during the discussion included the importance of physician practice training and support, the need to focus on utilization of all existing e-prescribing capabilities, the importance of getting ongoing feedback from prescribers to lead to product enhancements, and the benefit of sharing utilization reports with physicians to help identify and overcome barriers to use. It was also mentioned that pharmacy training can be an issue particularly early on after a practice first starts using e-prescribing however this seems to be less of an issue now that e-prescribing has grown beyond 25% of office based physicians.

Physician Panel

Steven Waldren, MD, American Academy of Family Physicians, led a panel of physician leaders: Bill Jessee, MD, Medical Group Management Association, Sydney Ross-Davis, MD, Blue Cross Blue Shield Illinois; Nancy Diettrich, MD, Resurrection Health Care. They discussed their experience with e-prescribing, barriers to physician adoption and utilization, and opportunities for improvement.

Physician practices, especially smaller practices, are generally overwhelmed and lack expertise related to health information technology and have difficulty getting started. They expect formulary and medication history information to be current and detailed enough to be valuable and generally find that the information is not detailed, updated or specific enough to be meaningful. For example, formulary and eligibility information is not real time or specific to patient formulary tables.

There is confusion about certification and version control such that physicians do not necessarily know if formulary, medication history, or e-prescribing connectivity with pharmacies is available to them through their EHR/e-prescribing application. In their experience, availability of formulary and medication history information is inconsistent and it is of limited use.

Physicians experience alert fatigue with too many messages popping up to inform them of potential interactions so the alerts are frequently ignored. Physicians who are not using e-prescribing do not understand the value or what data is available to inform the prescribing process.

There is a lack of good reporting available through e-prescribing and the data/reporting capabilities would be helpful for analytics and ROI.

Vendor business models and ongoing sustainability are concerning to physicians. They want to make sure their vendor will be around to support them in the future.

Physicians need capital to acquire EHRs and are concerned about lost productivity while they implement as well as declining reimbursement.

Physicians are skeptical about whether they will actually receive the incentives for achieving meaningful use of EHRs because they had bad experiences with the physician quality reporting initiative (PQRI) where they did not get the financial incentives, did not know why, and had no recourse. Incentives among stakeholders need to be more clearly defined and we should strive for better alignment.

Physicians are generally overwhelmed and do not have a clear path forward for adoption of EHRs and are concerned about the long learning curve to successful adoption and achieving the value from EHRs.

Some physician practices are experiencing challenges with automating the prescription renewals process. There is a lack of medication history information flowing back with patients transitioning from the hospital back to physician practice.

Physician Panel Recommended Improvement Opportunities

Provide specific and actionable information to prescribers via e-prescribing.

Encourage training of prescribers and engagement of practice managers on e-prescribing with an EHR.

Create more transparency around certification requirements including display of benefit and formulary information and guidelines for workflow best practices.

Promote real-time benefit checking that is fast and easy to use.

Promote using full standards for Rxfill, change/cancel, prior auth, etc.

Help prescribers with process redesign.

Promote better metrics and reporting.

Prioritize and filter safety and other alerts.

Group Discussion of Barriers and Potential Solutions

Based upon the day's discussions, forum participants identified the primary barriers to success in e-prescribing and medication management.

1. There is a lack of understanding and communication across the stakeholder segments including payer, PBM, physician practice, pharmacy, patient, solution vendors and network operators about how the entire e-prescribing process works and the full capabilities.
2. There is a lack of data consistency and transparency related to formulary and medication history. Payers and PBMs don't know why physicians do not necessarily follow formulary guidelines while physicians don't trust the formulary and medication history information that's available electronically because they perceive it to be inaccurate, incomplete, or out of date.
3. There is limited understanding of the industry e-prescribing standards and Surescripts certification process and requirements. This leads to challenges because providers don't know what their "certified" systems should be capable of. There are multiple versions of certain products deployed, and there may be differences in what is certified and what is deployed.
4. There is a lack of focus on prescriber training, education and support by EMR vendors particularly around the importance of integration into the clinical workflow. For example, one large practice in attendance who is using an EMR was having significant issues with automated renewals workflow and another large clinic had turned renewals off due to workflow challenges.
5. Payers and PBMs want a more comprehensive and real-time solution for benefits and formulary. Real time benefit checking is appealing but will take a long time to get to widespread adoption.
6. There are challenges around the business model in relation to rising transaction fees. The payers and PBMs would prefer to pay when a prescription is written rather than every time the system checks eligibility. Vendor business models in some cases aren't working and are concerning to physicians, payers, and PBMs.

Based upon the day's discussions, forum participants identified the areas where collective effort could be useful. Here are some suggested solutions:

1. Educate physicians through Regional Extension Centers and other means such as medical society programs and payer engagement with physicians. Create and promote a comprehensive toolkit and set of resources to help industry stakeholders continue to accelerate e-prescribing success.
2. Enhance vendor certification and deployment to industry standards, continue to incorporate workflow best practices, and be transparent with payers/PBMs and providers about the standards, certification requirements, and recommended best practices.
3. Support programs and organizations that drive utilization. Solution vendors are focused primarily on system sales.
4. Develop strategies to improve data usability including: up-to-date complete data from payers; vendor compliance with requirements to pull it down and push it through to their end user customers; physician training on how to use it; and physician use.
5. Create venues to communicate with physicians and with patients for pull through so they use the upfront information and realize the value.

Forum Participants

Forum participants valued the opportunity to hear honest exchange of ideas on these issues from different stakeholders and there was a strong desire to continue to work together and expand the dialog.

The Center for Improving Medication Management would like to thank the following healthcare executives and their organizations for their participation in the Forum and for their input to this report.

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Mark Blatt, MD, Intel and CIMM	Mary Martin, Surescripts
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Bill Jessee, MD, MGMA and CIMM	Mike Smialek, Walgreens
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