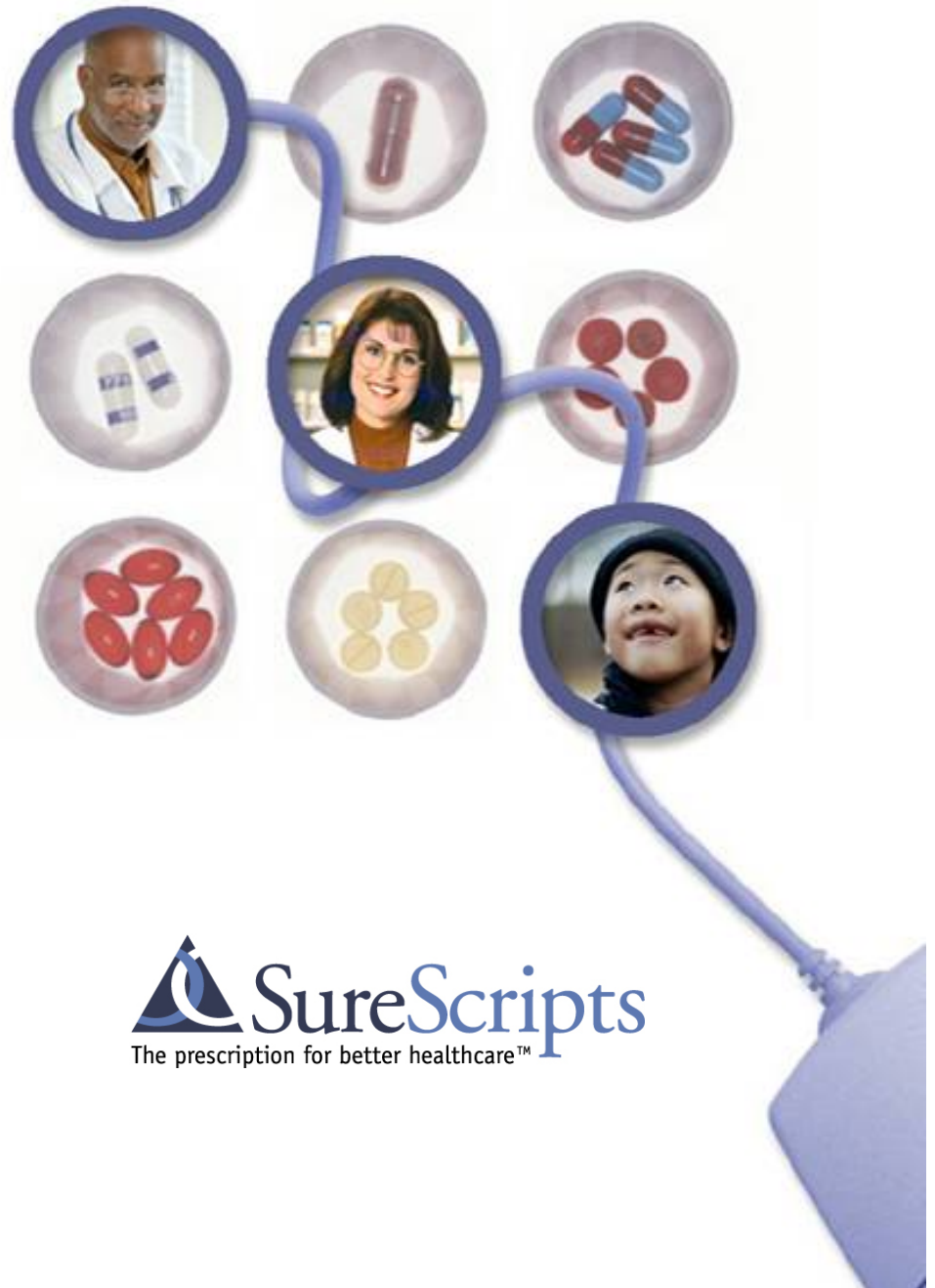

Improving the Prescribing Process: Connecting Physician Practices and Pharmacies

Louisiana HIMSS

October 14, 2005



 **SureScripts**
The prescription for better healthcare™

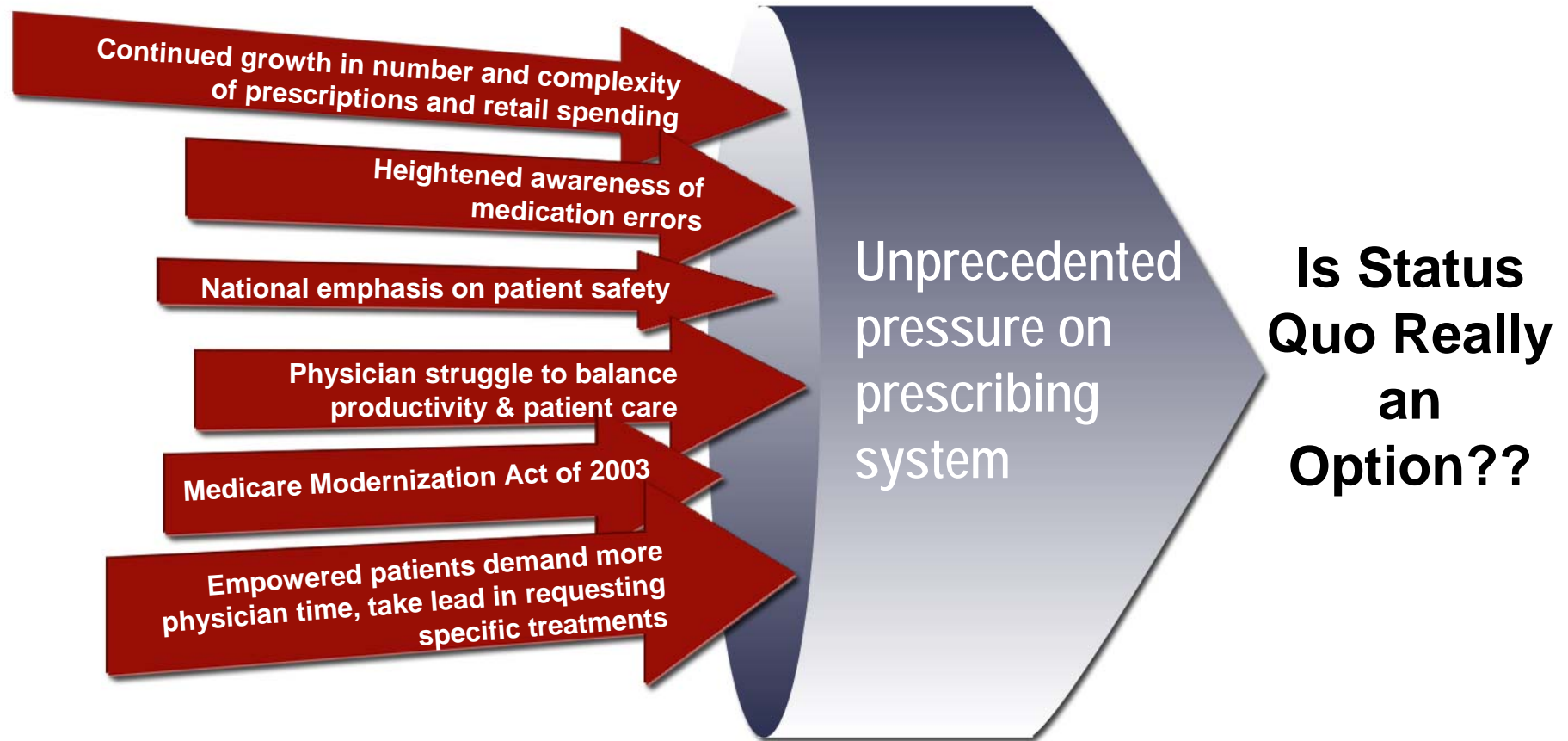
Key discussion topics

- ◆ The problem: the overburdened prescription process
- ◆ The solution: true electronic prescribing
- ◆ SureScripts' role
- ◆ Status of e-prescribing
- ◆ Louisiana electronic prescribing landscape
- ◆ E-prescribing: Why now?

Today's Prescribing Process... *Needs Improvement*

- ◆ The prescription is written based on physician-patient decision
 - *but without sufficient information*
- ◆ The prescription is delivered to a pharmacy
 - *in a non-standardized delivery method... many prescriptions never get to the pharmacy*
- ◆ The prescription is processed at the pharmacy
 - *where much re-work often required*
- ◆ When the patient takes the prescription—are they compliant
 - *is more information needed*

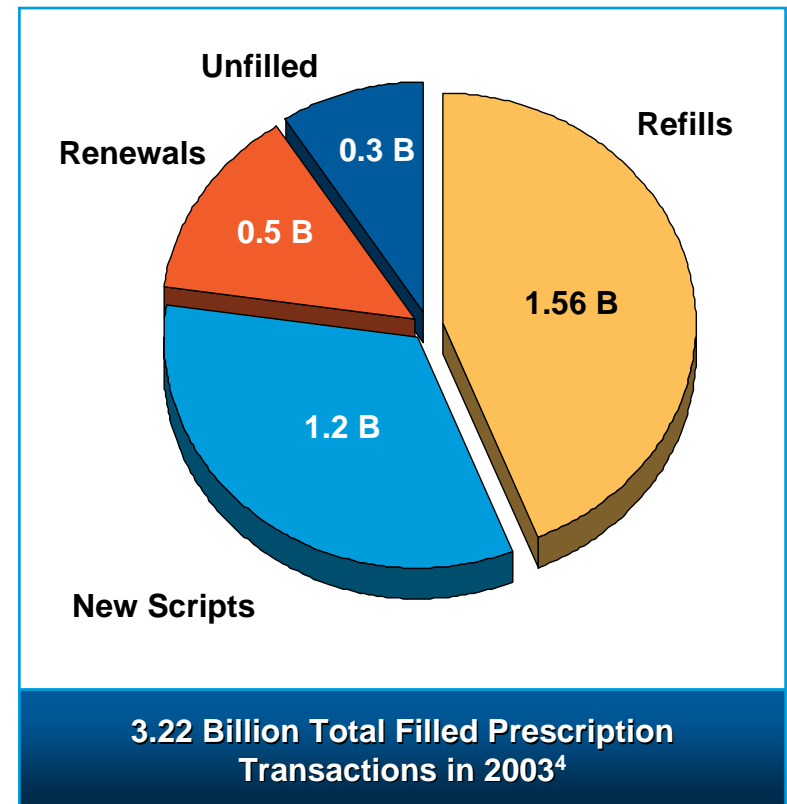
Many Forces are Driving Change in the Current Prescribing System



Multiple Agendas are Driving the Need for a Solution

The number of prescriptions in the US is rapidly increasing

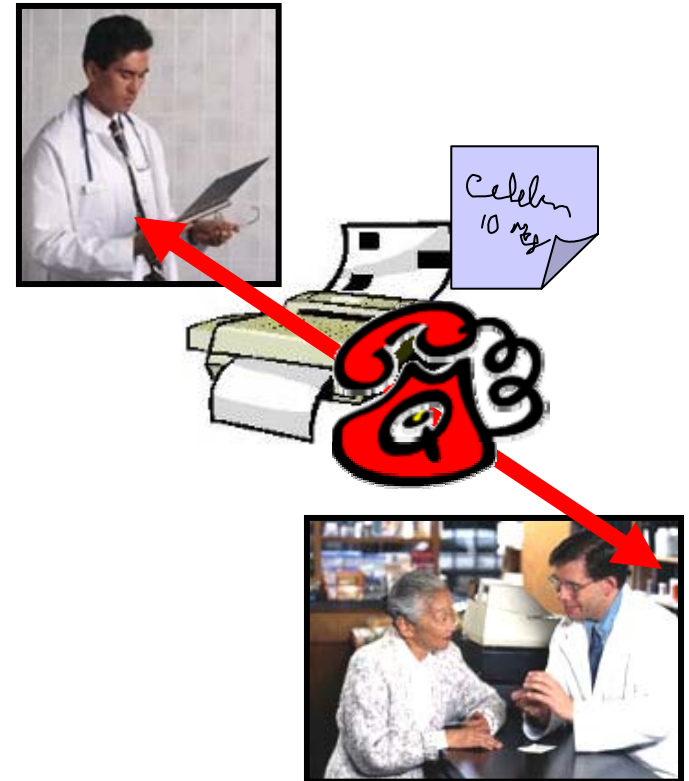
- ◆ 823 million visits to physician offices in 2000¹
- ◆ 4 out of 5 patients who visit a physician leave with at least one prescription²
- ◆ 65% of the US population use a prescription medication each year³
- ◆ Over 3 billion prescriptions are dispensed each year⁴
- ◆ The number is expected to rise to 4 billion by 2007⁴



- 1) Pastor PN et. al. Chartbook on trends in the health of Americans. Health, United States, 2002. National Center for Health Statistics. 2002.
- 2) The Chain Pharmacy Industry Profile. National Association of Chain Drug Stores. 2001.
- 3) Agency for Healthcare Research and Quality. MEPS Highlights #11: distribution of health care expenses, 1999.
- 4) Estimates - NACDS Economics Department

The efficiency of the total prescription system is challenged by hundreds of millions of phone calls and faxes

- ◆ Studies estimate that indecipherable or unclear prescriptions result in more than 150 million calls from pharmacists to physicians for clarification¹
- ◆ Others estimate the number of prescription-related telephone calls annually at 900 million, practices report almost 30% of prescriptions required pharmacy callbacks^{2,3}
- ◆ Requesting and receiving approval for refills alone, estimated at nearly 500 million per year, adds to the telephone and fax burdens⁴



(1) Institute for Safe Medicine Practices. A Call to Action: Eliminate Handwritten Prescriptions Within Three Years, 2000.
(2) Forrester Research, 2002.
(3) Medco Health, 1/29/03, via ePharmaceuticals
(4) NACDS and SureScripts estimates

Many resulting errors can be prevented

- ◆ **More than 8.8 million adverse drug events (ADEs) occur each year in ambulatory care, of which over 3 million are preventable¹**
- ◆ **1 out of 131 ambulatory patient deaths can be attributed to medication error²**
- ◆ **According to the Institute for Safe Medication Practices, many errors result from:**
 - **Miscommunication due to illegible handwriting**
 - **Unclear abbreviations and dose designations**
 - **Unclear telephone or verbal orders**
 - **Ambiguous orders and fax-related problems**

JAMA

 **The NEW ENGLAND
JOURNAL of MEDICINE**

Gurwitz, JAMA, 2003³

- ◆ *25% of patients had ADEs*
- ◆ *13% were serious*
- ◆ *39% of total were either ameliorable or preventable*

Gandhi, NEJM, 2003⁴

- ◆ *28% of ADEs preventable*
- ◆ *42% of the most serious*

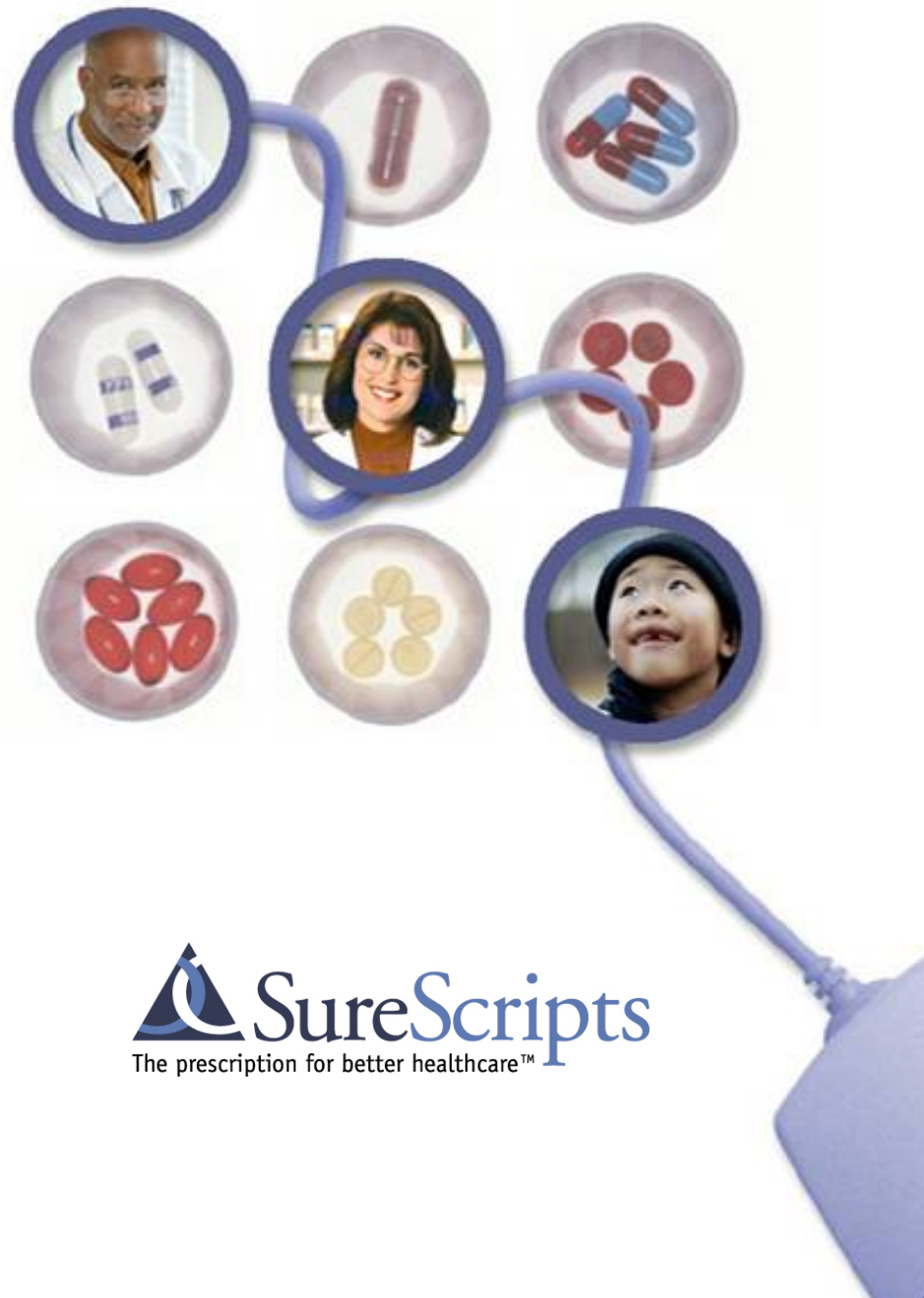
1 Center for Information Technology Leadership. The Value of Computerized Provider Order Entry in Ambulatory Settings, 2003

2 Institute of Medicine, Committee on Quality in Healthcare in America. To Err is Human: Building a Safer Health System, Washington, DC, National Academy Press; 1999

3 Gurwitz JH et al. Incidence and Preventability of Adverse Drug Events Among Older Persons in the Ambulatory Setting, JAMA, 2003; 289: 1107-1116.

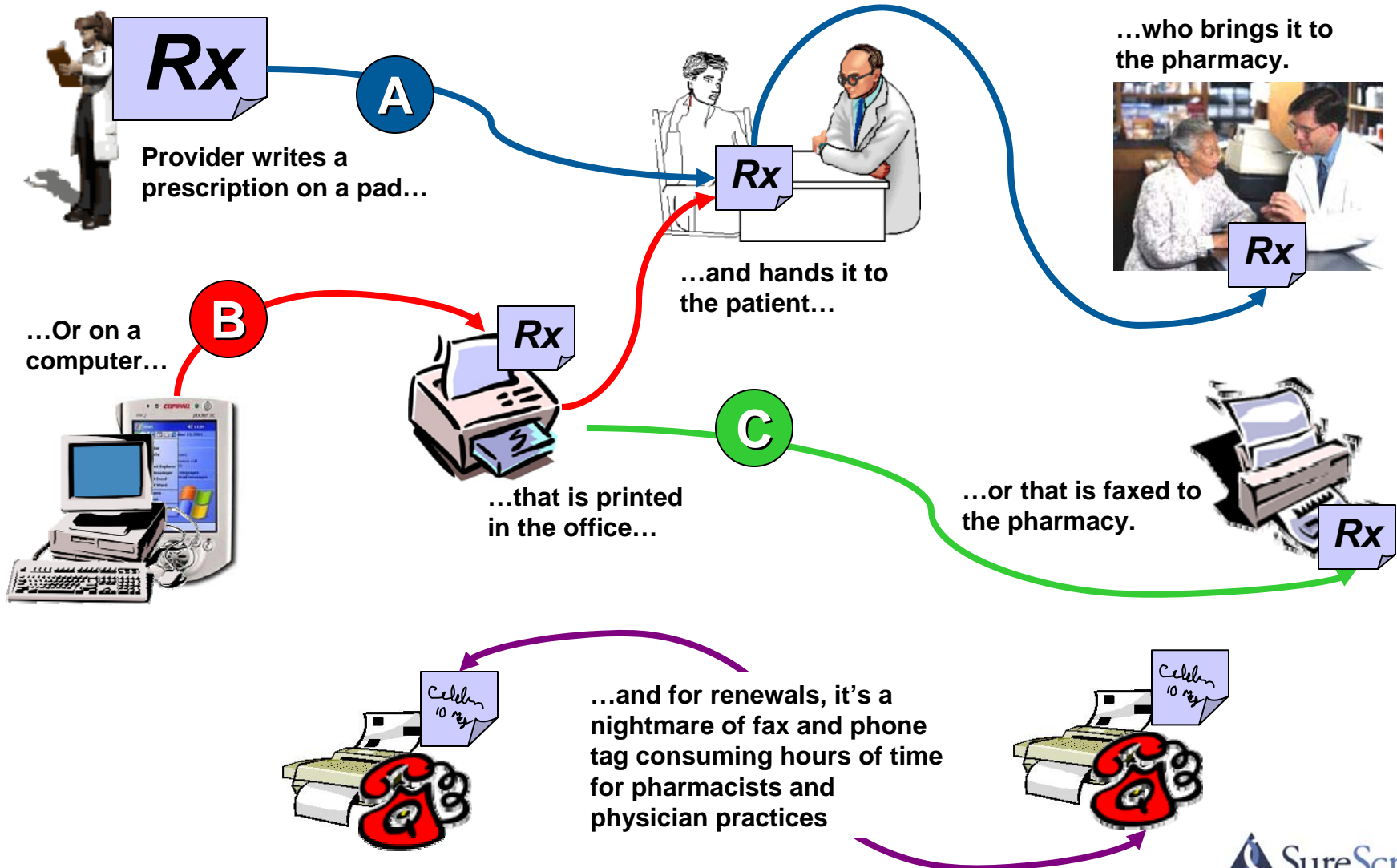
4 Gandhi TK et al. Adverse Drug Events in Ambulatory Care, N Engl J Med, 2003; 348: 1556-64.

What is True Electronic Prescribing?



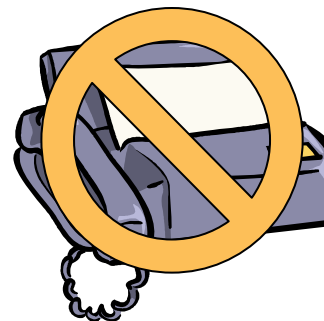
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Today, prescriptions still generally follow traditional routes

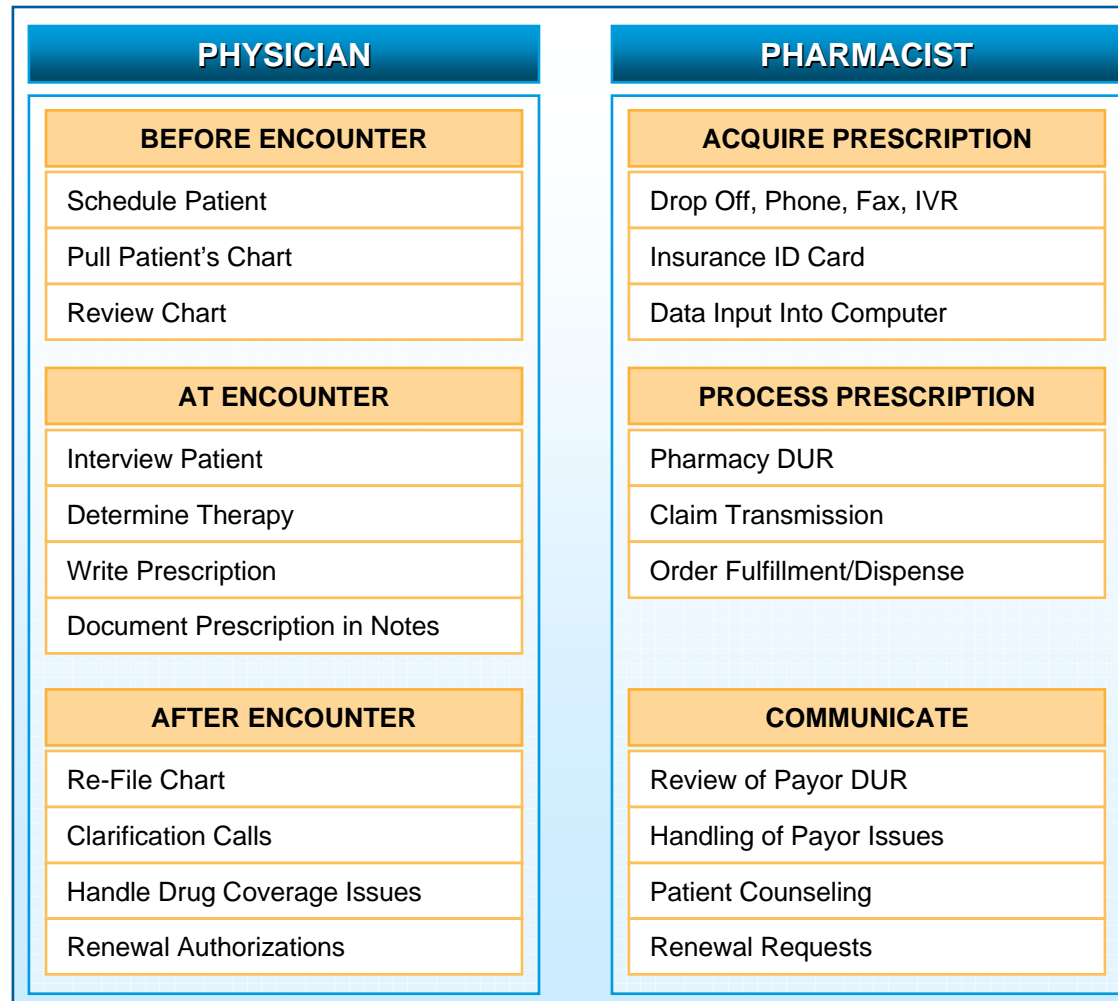


What is 'true' electronic prescribing?

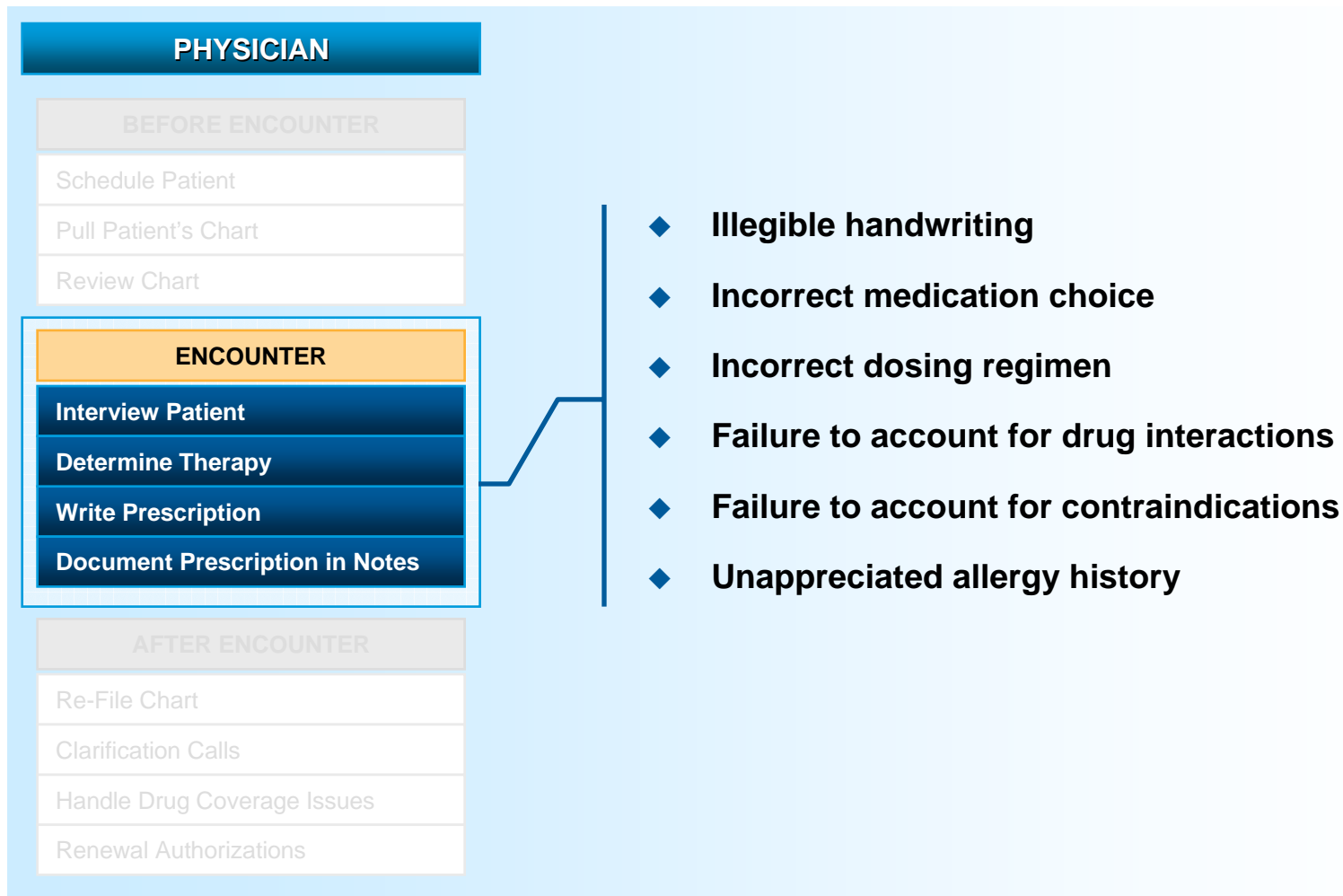
- ◆ Secure, two-way, computer-to-computer information exchange between the physician practice and the pharmacy
- ◆ Automation of the entire prescribing process
 - Pre-prescribing – providing clinical decision support information by sharing eligibility/coverage, formulary, and medication history information at the point of care
 - Distribution - Send and receive renewal authorizations and new prescription information from your computer to the pharmacy
- ◆ Benefits
 - Save time by substantially reducing calls and faxes to pharmacies
 - Improve patient safety and practice efficiency



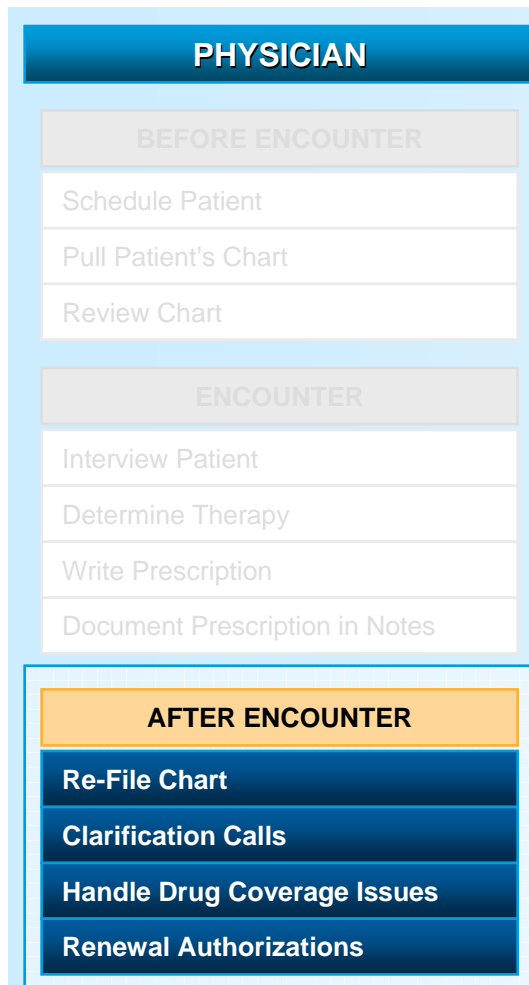
The Overall Prescribing Process is Much More Complex Than Writing the Prescription and Dispensing



It's at the Encounter when the Process is Most at Risk for Error and Inefficiencies



It's After the Encounter that Communication Hassles Cause Inefficiencies and Impact Prescriber *and* Staff Satisfaction



- ◆ **Most prescribers and staff rank the renewal authorization process as the most time-consuming, taking hours of staff time to handle calls and faxes**
- ◆ **Chart pulls and re-filing are required for every pharmacy call concerning a prescription**
- ◆ **Nurses report spending most of their time handling administrative issues when they would rather be caring for patients**
- ◆ **More than 80% of clarifications are attributed to:**
 - **Directions unclear or missing**
 - **Refill quantity unclear or missing**
 - **Dosage unclear**
 - **Drug name/strength unclear**

Source: Mail-Order Prescriptions Requiring Clarification Contact With the Prescriber: Prevalence, Reasons, and Implications, Richard A. Feifer, Md; Linda M. Nevins, Rn, Mba; Kimberly A. Mcguigan, Phd; Les Paul, Md, Ms; And Jacob Lee, Mba, Rph

Physician Practices and Pharmacists can Establish “True” Electronic Prescribing Connectivity & Improve the Prescribing Process



Summary of benefits by stakeholder

◆ Patients

- Increased satisfaction due to fewer trips to the pharmacy
- Shorter waiting times
- Greater confidence in accuracy with the elimination of the potential for misinterpreted handwriting

◆ Physician practices

- Time savings due to substantially reduced calls and faxes with pharmacies to clarify information
- Significant efficiency gains for renewal authorizations
- Access to clinical decision support, formulary and benefits eligibility during prescribing process
- Improved staff morale given reduced hassle factor

◆ Payers

- Cost savings due to improved formulary compliance
- Reduced costs of patient care resulting from adverse drug events

◆ Pharmacies

- Time savings from substantially reduced calls and faxes with physician offices to clarify information
- Significant efficiency gains for renewal authorizations
- Elimination of data entry and the need to interpret handwriting and sound-alike drugs
- Receive clean script due to availability of information at point of care
- Improved morale given reduced hassle factor

SureScripts was Formed by the Pharmacy Industry to Improve the Prescribing Process in Ways that Serve the Collective Interest of Patients, Physicians and Pharmacists

- ◆ **Incorporated in August 2001**
- ◆ **Formed by the two associations that represent the 55,000 pharmacies in the US:**
 - NCPA (independents)
 - NACDS (large chains)
- ◆ **Organized to support a strategic industry alliance to:**
 - Improve the overall prescribing process:
 - Safety
 - Efficiency
 - Quality of Care
 - Enable true electronic connectivity between physicians and pharmacies
- ◆ **Pharmacy Membership Organization**
 - Pharmacies join as members
 - Represents Pharmacy Interest in the Industry for the electronic prescribing process



Over 85% of the nation's pharmacies have completed the certification process required to connect SureScripts Messenger™ Services

Fundamentals of a HIT Infrastructure...

- Choice and Neutrality...

Choice

- ◆ Promote patient choice of pharmacy
- ◆ Ensure physician choice of therapy
- ◆ Allow application systems of choice

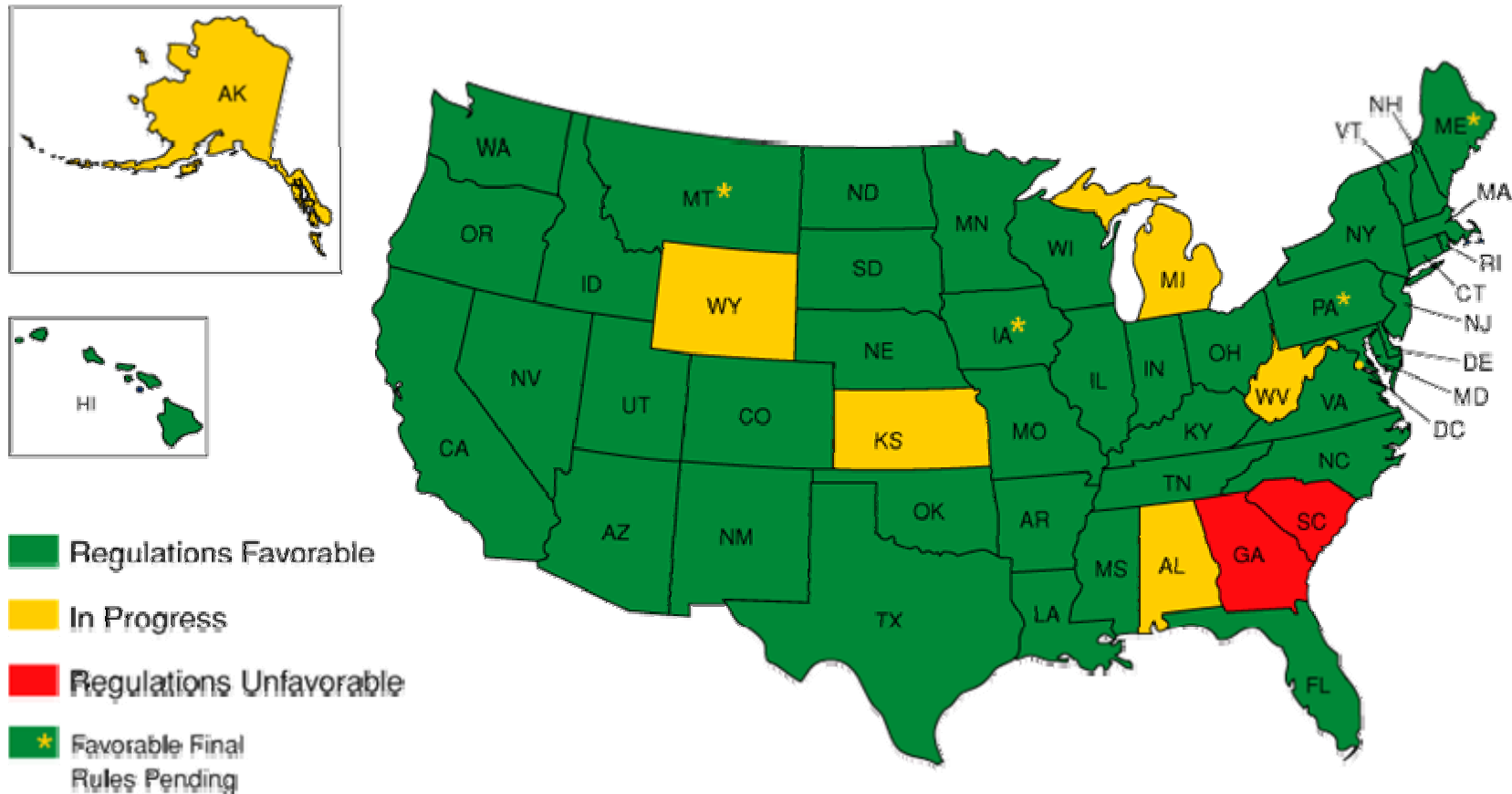
Neutrality

- ◆ Collaborate with industry stakeholders
- ◆ Not endorsing any particular approach or application
- ◆ Support and in no way compete with end user applications

Open Access

- ◆ Adhere to industry standards as recommended by HHS
- ◆ Create an infrastructure that enables broad interoperability
- ◆ Support all solutions that meet certification requirements

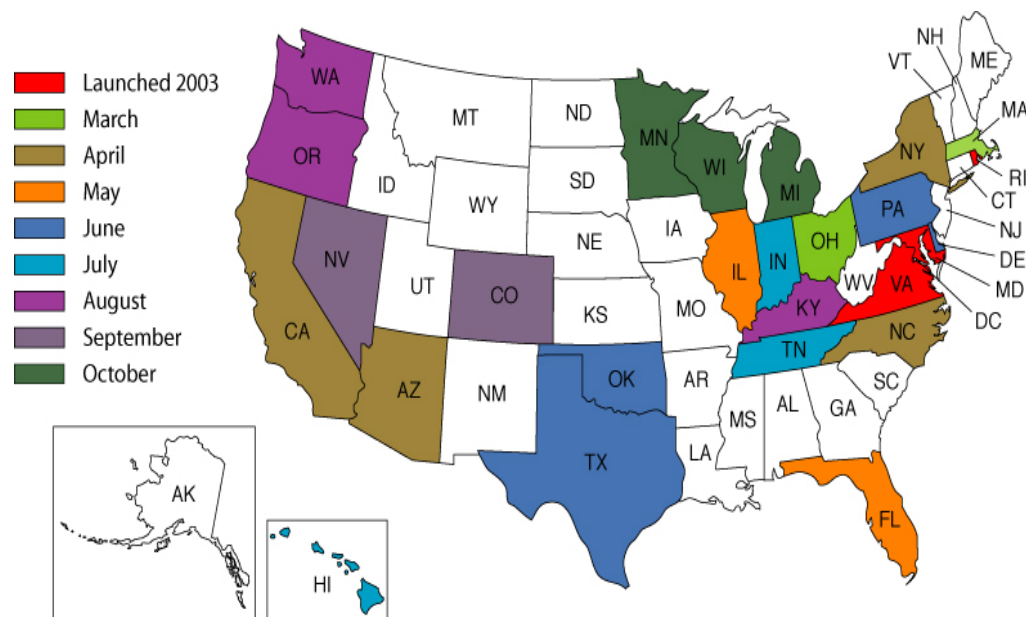
The SureScripts Regulatory Assessment & Intervention Process has cleared the way for SureScripts and its partners in 42 states*



* As of Sept. 29, 2005

2004: Launched CAPs in Over 25 States 2005: Driving Utilization and Adoption

- ◆ Collaborating with leading stakeholders to raise awareness, encourage adoption and use of electronic prescribing
- ◆ Coordinated, community-wide approach accelerates adoption and use
 - Identify key opinion leaders for early adoption
 - Disseminate practice case studies on practice impact and develop best practices
- ◆ In 2005, focused on driving utilization and adoption by working closely with physician technology partners as well as local community stakeholders
 - Understand workflow impact
 - Provide tools, resources, lessons learned, best practices to optimize use



Over 85% of the Nation's Retail Pharmacies Have Systems Certified to Connect to the SureScripts Network



Just some of the pharmacies connected to the SureScripts Electronic Prescribing Network.

SureScripts Certified Physician Technology Solutions (as of 9/7/05)

◆ Electronic Health Records

- A4 Health Systems
- Allscripts
- ASP.MD
- Axolotl
- Bond Medical
- ChartConnect
- DOCS (SOAPware)
- Epic
- eClinicalWorks
- Health Systems Research
- Medical Communication Systems
- McKesson
- MedPlexus
- NewCrop
- Synamed

◆ Electronic Prescribing

- Allscripts
- DrFirst
- Gold Standard Multimedia
- HealthRamp
- InstantDx
- LighthouseMD
- NewCrop
- MedPlus
- RxNT
- Zix Corporation

◆ Other Services

- Cleveland Clinic
- MedPlus
- UNC Health

SureScripts Contracted Physician Technology Solutions (as of 9/7/05) – In Certification Process

◆ **Electronic Health Records**

- iMedica
- InteGreat
- MediNotes
- MedicWare
- MedNet System
- MOST LLC
- NextGen Healthcare Information Systems
- Physician Micro Systems
- Polaris Management, Inc.
- Smart EMR/VIPA Health
- Spring Medical
- Wellogic

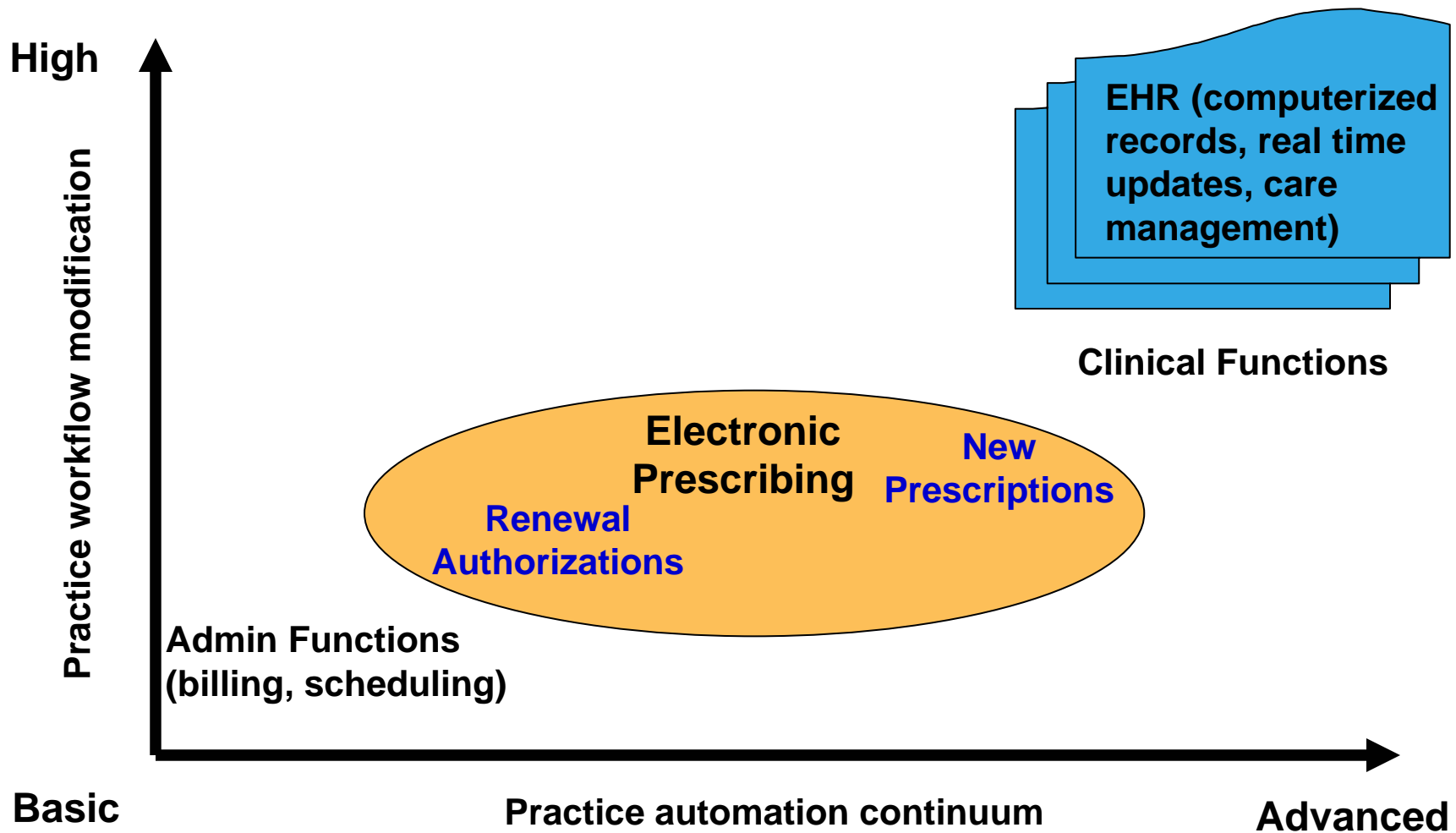
◆ **Electronic Prescribing**

- Creative Socio-Medics Corp.
- DAW Systems
- MDanywhere Technologies
- OA Systems

◆ **Other Services**

- Cerner
- HEALTHvision
- Kryptiq
- ScriptRx

E-prescribing is a great step toward more comprehensive clinical automation



E-Prescribing Initiatives

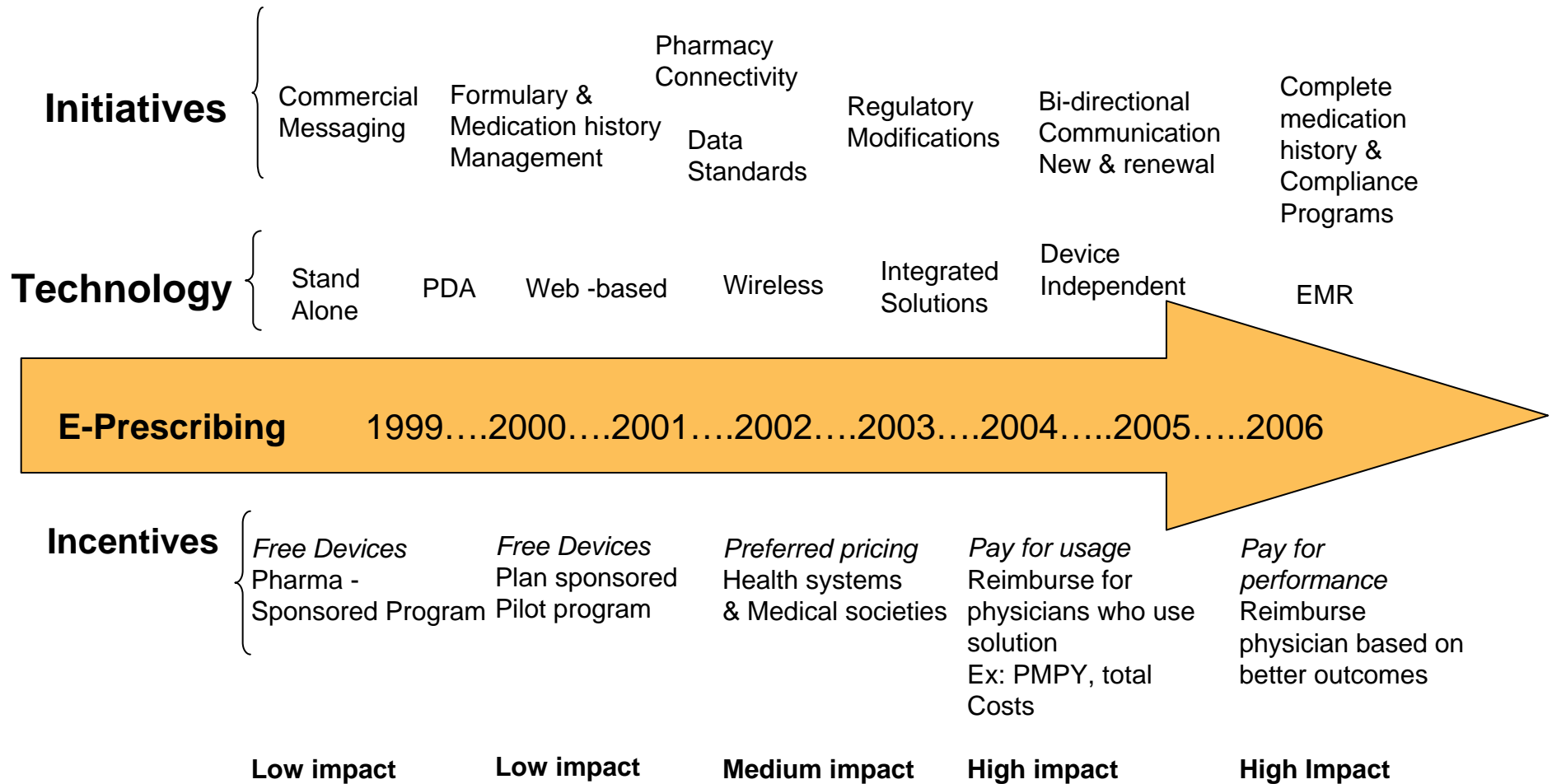
Health Plan

- ◆ BCBS MA, Tufts Health Plan (sponsorship model for MA)
- ◆ CareFirst (sponsorship model for MD)
- ◆ Horizon Blue Cross and Blue Shield of New Jersey
- ◆ Wellpoint Health Network (sponsorship model for CA, WI, GA, MO)
- ◆ Florida Medicaid (sponsorship model for Florida)

Community Initiatives

- ◆ Maryland Step Alliance
- ◆ Rhode Island Quality Institute
- ◆ MA-SHARE
- ◆ Southeast Michigan – Big 3 autos, BCBS MI (large employer sponsorship)
- ◆ Emerging RHIOs

Electronic Prescribing Evolution



Louisiana Electronic Prescribing Landscape

- ◆ True e-prescribing became legal February 2005
- ◆ Pharmacy Readiness
 - Statewide 50% of pharmacies are certified to connect to SureScripts, 25% are activated
 - New Orleans – Over 60% certified
 - Baton Rouge – 65% certified
 - Lafayette – 40% certified
 - Lake Charles – Over 50% certified
 - Shreveport – 70% certified
- ◆ Stakeholder Activity
 - Louisiana Health Care Review playing leadership role in convening physician practices, other stakeholders, providing education
 - Louisiana Association of Health Plans exploring e-prescribing strategies

Electronic Prescribing Status – Increasingly Becoming Inevitable

- ◆ Pharmacy network is in place enabling two-way connectivity and automation of the entire prescribing process
 - Improves safety and efficiency
 - 85% of pharmacies certified to connect to SureScripts
- ◆ Connectivity with Pharmacy Benefits Managers (through RxHub) enables delivery of real time benefits, formulary and medication history at point of care
 - Improves safety and efficiency
 - 150 million commercial covered lives
- ◆ MMA establishes standards for e-prescribing, creates grant program
 - Pilot projects in 2006 will test full range of e-prescribing standards
 - Stark prohibitions relaxed – health systems can fund e-prescribing for Medical Staff
- ◆ Physician technology vendors view e-prescribing as growth opportunity, customers are demanding connectivity
- ◆ Market drivers are government, health plans, employers

E-prescribing: Why now?

In the past...	But now...
Few pharmacies directly connected	Over 85% of US pharmacies are connected
Electronic = faxes	Computers communicate directly
Only addressed new scripts	Automated renewals and new scripts
Software didn't support practice workflows	Software integrates practice systems and workflow
Few real benefits for practices	Most practices save time and improve patient safety
Limited future	Collaborate with pharmacies on patient compliance
Driven by a few small software vendors	State-wide initiatives involving all major stakeholders