E-prescribing: A Path Forward for e-Health?
Part II of a three part series on the State Alliance for E-Health

Wednesday, August 27, 2008
2:00 pm EDT

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Speakers

Mark Gorden
eHealth Initiative
Mark.Gorden@ehealthinitiative.org

Senator Richard Moore
Massachusetts Senate
Co-Chair NCSL HITCh Project

Melissa E. Hargiss
Acting Director of eHealth Initiatives
e-Prescribing: Current Landscape, Steps for Advancing Adoption

NCSL e-Prescribing Webinar
August 27, 2008

Mark Gorden, Director of Policy
eHealth Initiative
What is e-Prescribing?

• CMS Definition:

  *E-prescribing means the transmission, using electronic media, of prescription or prescription-related information between a prescriber, dispenser, pharmacy benefit manager, or health plan, either directly or through an intermediary, including an e-prescribing network. E-prescribing includes, but is not limited to, two-way transmissions between the point of care and the dispenser.*

• Two Types of e-Prescribing Systems
  1. Stand-Alone (lower cost, easier to implement)
  2. Integrated with Electronic Health Record (more comprehensive patient information)
CMS Definition of a “Qualified” eRX System
(ALL required to be eligible for bonus payments under Medicare PQRI and MIPPA)

▪ Generate a medication list

▪ Select medications, transmit prescriptions electronically and conduct safety checks* (i.e., automated prompts on drug conflicts, allergies, inappropriate dose, etc.)

▪ Provide information on lower cost alternatives

▪ Provide information on formulary or tiered formulary medications, patient eligibility and authorization requirements received electronically from the patient’s drug plan
Who Benefits and How

Patients
1. Dramatic Reduction in Adverse Drug Events (estimated at 1.5 m/year)
2. Greater Convenience (no paper to lose; no waiting at pharmacy for pick up; automated renewals)
3. Lowered costs--easier lower cost substitutions
3. Improved Patient Medication Compliance
4. Easier Tracking/Warnings/Recalls for FDA
Who Benefits and How (cont.)

Physicians and Other Prescribers

- Greater Efficiency and Better Quality
  1. Online access to pt. medication hx and benefits; health plan formularies
  2. Eliminates legibility and phone issues
  3. Avoidance of adverse drug event (auto warnings)
  4. Dramatically decreases pharmacy call-backs
  5. Aid in tracking patient compliance
Who Benefits and How (cont.)

Pharmacies/Pharmacists

1. Greater efficiency filling online Rx’s and renewals (compared to paper and faxes)
2. Dramatic reduction in call-backs (150 million per year)
3. More time for patient counseling (medication therapy management programs provided under Part D for chronically ill with multiple medications)
Current Landscape

- Four out of five patients who visit a doctor leave with at least one prescription
- More than 3.52 billion prescriptions are now written annually in the United States.
  - Prescription volume is expected to grow to 4.1 billion in 2010
- Congressional interest at an all time high—MIPPA eRX bonuses/disincentives
- States moving forward with e-prescribing initiatives
- Payers, purchasers, health systems, others implementing in local markets
E-Prescribing Usage Gap—2007/2008

- 35 million e-RX’s—only 2% of 1.47 billion (100m or 7% of 1.51 billion projected for 2008)
- 41,000 pharmacies—72% of 57,000 total, 97% of chain and 27% independent pharmacies, able to accept eRXs (86% of the latter have eRX capability, not using it)
- Only 35,000 e-prescribers (95% MDs-6% of office-based physicians); 85,000 (est. 2008; 10% of all office-based physicians)
Current Challenges

1. **Financial Cost:** Physician practices need to invest in hardware and software, and cost estimates vary depending on whether an EHR is adopted, or stand alone e-prescribing.

2. **Ban on transmitting prescriptions for controlled substances:** Because the DEA prohibits controlled substances from being transmitted electronically, both physician practices and pharmacies must use multiple workflows to manage prescriptions. (DEA proposed rule aimed at eliminating this barrier, 6/27/08)

3. **Workflow Change:** New systems, particularly in the beginning, are likely to add time to tasks like creating new prescriptions, and this can be a barrier. Paper and faxes may still be required for certain pharmacies. Roles and responsibilities in the practice may change.

4. **Initial Loss of Productivity:** Transitioning from paper prescribing to e-prescribing can impact revenue, productivity.
Current Challenges (cont.)

5. **Hardware and Software Selection:** Choosing the right software and hardware can be overwhelming for some physician practices,
   • Especially small practices that lack expert IT staff.

6. **Pharmacy, Payer/PBM and Mail Order Connectivity:**
   • Majority of payers/PBMs are connected (about 200 million lives), but if the information is not comprehensive enough, prescribers may not look at it because they lose confidence in its accuracy and coverage.
   • A number of independent pharmacies are not connected even though the vast majority of them are using certified software.

7. **Remaining Standards:** E-prescribing proceeding with current standards; however, 3 additional standards still to be finalized.

8. **Medication History and Medication Reconciliation:** Tools needed to reconcile info from multiple sources.
eHI Multi-Stakeholder Recommendations
(“Electronic Prescribing: Becoming Mainstream Practice,” 6/08, with Accompanying Guides for Consumers, Payers, and Prescribers)

1. The federal government should address the prohibition on e-prescribing controlled substances (eHI work group drafting comments)

2. Payers, employers, health plans, health systems, and federal and state governments should consider replicating and expanding successful incentive programs (PQRI, MIPPA)

3. Care providers across every setting of health care should adopt and effectively use e-prescribing
eHI Recommendations (cont.)

4. Create a public-private multi-stakeholder advisory body to
   - Monitor progress, ID barriers, make recommendations to accelerate e-prescribing, develop effective model for assisting small practices, and more.
   - Create an “expert resource center” to provide physician practices with assistance in adopting and using e-prescribing

5. All stakeholders should advance the e-prescribing infrastructure.
   - Connect all pharmacies, mail order, payers/PBMs; vendors deploy high quality, interoperable e-prescribing applications.

6. The federal government and the private sector should continue and accelerate the development of remaining standards for e-prescribing.
How eHI is Advancing e-Prescribing Adoption

- Prescriber’s Guide and Web-Based eRX Tool--eHI collaborating with leading medical societies (9/08)
  - American Academy of Family Physicians
  - American College of Physicians
  - American Medical Association
  - Medical Group Management Association

- eHI Application to Co-Sponsor CMS eRX Conference (Boston, MA, 10/6-7/08)

- Working with AHRQ on Grant for eRX Educational and Technical Support

- Lobbying Efforts on Hill, Draft Consensus Legislation on HIT
Thank You

- Please direct any comments or questions you may have to:
  Mark Gorden
  Director of Policy
  eHealth Initiative
  e-mail: Mark.Gorden@ehealthinitiative.org
State Legislatures and E-prescribing

Senator Richard Moore
Massachusetts
Co-chair NCSL’s Project HITCh
State Alliance for e-Health

- Comprised of state legislators, governors, attorneys general, insurance commissioners and a public health official
- Charge:
  - Identify, assess and, through consensus solutions, map ways to resolve state health IT issues that affect multiple states and pose challenges to interoperable electronic health information exchange
  - Provide a forum in which states may collaborate so as to increase the efficiency and effectiveness of the health IT initiatives that they develop
- Run by the National Governors Associations through a contract with the Office of the National Coordinator for Health Information Technology (ONC)
- NCSL, along with NAAG, works closely with NGA
  - Legislative tracking
  - Education and outreach
# The State Alliance’s Membership

## Voting Membership
- Governor Phil Bredesen, TN, Co-Chair
- Governor Jim Douglas, VT, Co-Chair
- **Assemblyman Herb Conaway, NJ**
- **Senator Richard Moore, MA**
- **Representative Gayle Harrell, FL**
- **Representative Ken Svedjan, ND**
- Attorney General Steve Carter, IN
- Commissioner Jane Cline, WV
- Former Governor Jim Geringer, WY
- Attorney General Hardy Myers, OR
- Commissioner Sandy Praeger, KS
- Executive Director David Sundwall, UT & ASTHO
- Former Governor Tom Vilsack, IA (new 2008)
- Former Governor Jeanne Shaheen, NH (2007)

## Advisory Membership
- Brian DeVore, Intel
- Stephen Palmer, TX
- Joy Pritts, Georgetown University
- Marshall Ruffin, Accenture
- Wayne Sensor, Alegent Health
- Reed Tuckson, UnitedHealth Group
State Alliance for e-Health

- The Alliance has taken up e-prescribing as a key issue to drive the health IT agenda forward.
A Call to Action for the National Governors Association:

- NGA should provide the national leadership to work with states to increase e-prescribing utilization. In doing so, NGA should:
- Encourage states to adopt an e-prescribing goal and measure progress and benefits.
- Obtain commitments from health care partners, including pharmacies, plans, consumer groups and employer groups, to support state e-prescribing initiatives.
- Support state initiatives through technical assistance and the sharing of best practices.
- Encourage federal level actions:
  - expand efforts to promote e-prescribing in Medicare and other programs;
  - call on the Department of Justice to address e-prescribing of controlled substances.
“Respective of the need to avoid unfunded mandates, NCSL urges the federal government use its leverage through Medicare and other programs to promote e-prescribing utilization and support adoption by providers. In addition, NCSL urges the U.S. Department of Justice to work with e-health leaders to address e-prescribing of controlled substances in a manner that ensures ease of e-prescribing, while also protecting against unlawful access to these medications.”
NCSL E-prescribing Memorial

- Expresses NCSL’s support for the State Alliance for e-Health
- Encourages states to adopt a goal for e-prescribing
- Through Project HITCh legislators, legislative staff and private sector friends should:
  - Work with relevant health care partners to support state e-prescribing initiatives
  - Support state e-prescribing initiatives with technical assistance, guidance, and other assistance
  - Identify and share best practices
E-prescribing in Massachusetts

- For two years in a row Massachusetts has been the number 1 e-prescribing state in the nation according to SureScripts
- eRX Collaborative
- Massachusetts Health Data Consortium
Massachusetts and Health IT

Senate Bill 2863 contained a number of health IT provisions including:

- 2015 EHR mandate for all hospital and community health centers
- $25 million for health IT grants
- Creates the Massachusetts e-Health Institute
- Adds health IT competency to the standards of eligibility for physician licensure
State of Tennessee
The Governor’s eHealth Council
Executive Order # 35

Governor Phil Bredesen Signed Executive Order # 35 on April 6, 2006 to establish the Governor’s eHealth Council.
Our Focus

- To convene, facilitate and incubate regional stakeholders to use health information technology to improve the quality of care delivered by providing necessary information at the point of care.

- Patient data will be used for treatment and other uses as permitted by HIPAA

- Focus on Tennessee’s 95 counties - Urban and Rural
  - Secondary focus on contiguous states, especially contiguous counties
Why is eHealth important?

15% of all reported errors in primary care can be traced to missing clinical information, and missing information was likely to result in delayed care or duplicative services 59% of the time for patients with multiple conditions.

--- Oregon Health Quality Corp., May 2007
Why is eHealth particularly important to Tennessee?
Tennesseans rank 2nd in the nation in prescriptions per person in 2006

But Tennessee Is No Healthier!

Tennessee Ranks 46th in Overall Health Status

Source: United Health Foundation and Public Health Association
Goal: Broadband Connectivity in 95 Counties

Tennessee's 95 Counties

- Hospitals: 160
- Physician Practices: 3,779
- Licensed M.D.s: 15,387
- Primary Care/Pediatrics: 6,992
- Licensed D.O.s: 828
- Licensed A.P.N.s (w/CFP): 5,137
- Licensed P.A.s: 1,032

URBAN:
- Practices: 1,415
- Licensed M.D.s: 7,302
- Primary Care/Pediatrics: 3,019
- Licensed D.O.s: 134
- Licensed A.P.N.s (w/CFP): 1,787
- Licensed P.A.s: 353

SEMI-RURAL
- Practices: 1,448
- Licensed M.D.s: 6,695
- Primary Care/Pediatrics: 3,085
- Licensed D.O.s: 89
- Licensed A.P.N.s (w/CFP): 2,065
- Licensed P.A.s: 383

RURAL
- Practices: 916
- Licensed M.D.s: 1,390
- Primary Care/Pediatrics: 888
- Licensed D.O.s: 100
- Licensed A.P.N.s (w/CFP): 757
- Licensed P.A.s: 156

Note: Mathematical differences between totals and breakouts are due to professionals licensed in TN but located out-of-state, and those who declined to indicate their county.
Tennessee eHealth Mission

- To drive improvement in the quality, safety and efficiency of healthcare for the State of Tennessee healthcare consumers by providing leadership, education, support and engaging the entire community to accelerate the implementation of eHealth solutions.

  - The six main components of our mission are:
    - Interconnect clinicians and providers for sharing of electronic health information
    - Ensure the appropriate Security and Privacy as required by State and Federal Law
    - Ensure interoperability between all healthcare stakeholders
    - Minimize and eliminate redundant or duplicative services among stakeholders
    - Define and implement policy and procedures to ensure proper use and full transparency
    - Ensure public trust through appropriate safeguard and transparency

Establish an eHealth Network built on a private, secure network with an added layer of HIPAA-compliant authentication, connecting health care providers across Tennessee, allowing clinicians to utilize longitudinal patient health information at the point of care.
State of Tennessee, eHealth Initiatives

Coordinating organization facilitates rules of engagement:
- Data-sharing Agreement
- Legal Framework
- Standards
- Interoperability
- Transparency
- Value
- Quality/Cost

Framework for Trust and Collaboration

Common Portal

Broadband % of Access, Stakeholders, Automation

Structured Notes & Paper Records

Administrative Transactions (claims…)

Secure Clinical Messaging (labs, imaging, TeleHealth…)

ePrescribing Roll Out

EMR / EHR/PHR Implementation

H.I.E.

County-by-County Implementation that Progresses in Stages

State of Tennessee, eHealth Initiatives
2008 Goals

- Launch secure Tennessee eHealth Network with appropriate authentication for all users

- Double the number of ePrescribers to at least 1,564

- Touch every Tennessee county with the State and FCC Grants

- Begin work to incorporate lab ordering and results in the Tennessee eHealth Network
Growth of ePrescribers

As of June, 2008, there are 1,226 ePrescribers!

Source: SureScripts
Tennessee eHealth Network
Powered by NetTN
Built on the NetTN infrastructure

- Already exists in every Tennessee county
- Proactively managed network with high security protections
- Includes HIPAA-compliant authentication
Short term

- Offers single-sign on for integrated health information resources
- Immediately offers an opportunity for providers to enter Data Sharing Agreement with any other health data source on the network
- Allows providers to do secure messaging and file sharing with any other provider on the network
- Shared Health will be included for new subscribers
  - State grantees required to do TennCare patient look-up

Longer term

- Will be adding applications from the Department of Health over coming months
  - Immunization Registry
  - Disease registries
  - Controlled substances database
  - License renewal
  - Etc.
- Will be connecting with regional health data exchanges
Grants to TN licensed Practitioners who are licensed to prescribe:
- Free Connectivity and authentication to the eHealth Network
- Up to $3,500 per eligible Prescriber
- Up to $2,500 per Physician Assistance and Advanced Practice Nurses with Certificate to Prescribe medication
  - For PCs, equipment, peripherals, software and services related to health information technology
- Disbursed as reimbursement for actual costs

Requirements
- Connect to eHealth Network and use HIPAA-compliant authentication
- ePrescribe for 2 years
- Look up TennCare patients
- ePrescribing application must be SureScripts/RxHub certified
- Any EMR applications purchased with grant funds must be CCHIT certified
## TN eHealth Network

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<th>Projected installation schedule</th>
<th>Sites</th>
<th>Providers</th>
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<td>State grants awardees</td>
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<td>1300</td>
<td>Oct 15, 2008</td>
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<tr>
<td>FCC awardees</td>
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<td>980</td>
<td>March 2009</td>
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<td>HRSA awardees</td>
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<td><strong>Total</strong></td>
<td><strong>760</strong></td>
<td><strong>2300</strong></td>
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How Can I Learn More?

www.TennesseeAnytime.org/eHealth
Any Questions

- Among the Panelists?
- From the audience?
  - Use the Q and A panel
- After the call, email questions and suggestions for future web-conferences to:
  - Health.hitch@ncsl.org
Health IT Webinars

• Please join us for the rest of this series on health IT. For more information on these events and to register please go to [http://www.ncsl.org/programs/health/webcast2.htm](http://www.ncsl.org/programs/health/webcast2.htm).

Accountability in Health as we Enter the Digital Age
Wednesday, September 10th 2:00-3:30 pm Eastern

As the health sector continues its slow march into the electronic age many new questions arise for state legislators. To realize the full benefit of electronic records a robust system for the exchange of electronic patient data will have to be established. What will the state role be in establishing and supporting organization that facilitate health information exchange? How will states structure oversight models for these new entities?

• Shaun Alfreds, Senior Project Director, University of Massachusetts Medical School Center for Health Policy and Research
• Rachel Block, Executive Director, NY eHealth Collaborative
• Amy Zimmerman, Chief, HIE Project, Rhode Island Department of Health