

# Practical Considerations for E-Prescribing: Readiness and California's Approach

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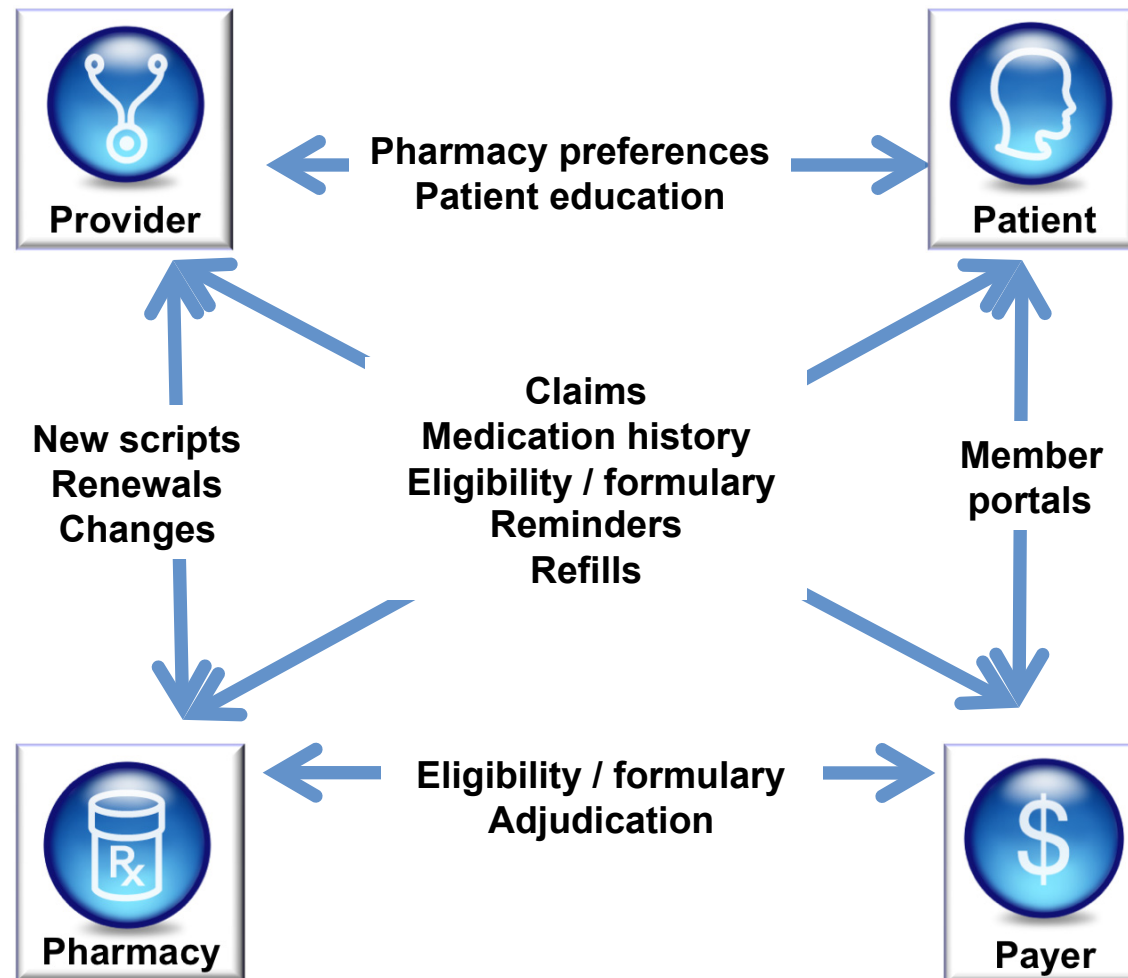




# Overview

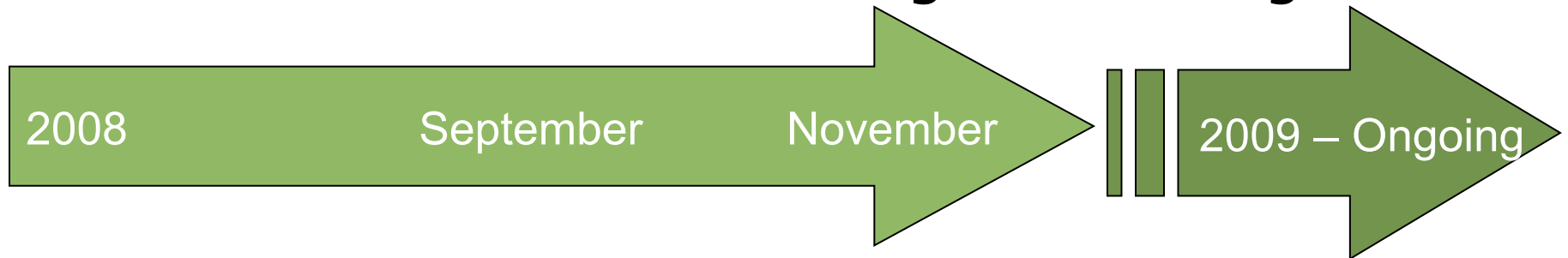
- CA E-Prescribing Consortium
  - Background
  - Goals & Objectives
  - Workgroups
  - eRx Information Center
- Readiness: Practical Considerations
  - Success Factors
  - Organizational Readiness
  - Point of Care vendor management
  - Feet on the Street

# Understanding e-prescribing Dependencies



\*Adapted from Prematics, Inc. July, 2008

# Statewide E-Prescribing – How we got here



## California E-Prescribing Market Assessment

- Interviewed over 30 California and industry stakeholders
- Confirmed broad stakeholder interest in e-prescribing

## Statewide Planning Initiative & Advisory Group

- Convened statewide leaders
- Charged with developing and refining a comprehensive plan by end of 2008 that meets statewide e-prescribing objectives
- Issue Brief

## Statewide Convening

- Statewide leaders convening to
  1. Understand CA's current state of e-prescribing
  2. Review statewide e-prescribing goals and strategies
  3. Discuss ongoing organization governance and accountability

## E-Prescribing Consortium

- 2-3 year initiative
- Statewide Consortium
- Public and Private participation
- Contract staff
- eRx Information Center Website
- Annual Convening
- Workgroups: Health plan, pharmacy, regional provider
- Regional focus



# Consortium Launch – June 2009

## Program Mission:

Advance the use of e-prescribing (eRx) to achieve safe and affordable health care for all Californians.

## Principles:

- eRx requires participation from all stakeholders
- Consumers and purchasers will expect eRx as the standard of care
- Avoid disparities among patients
- Minimize digital divide among providers
- Ensure patient privacy

## Goal:

Support California providers to adopt eRx to achieve EHR *meaningful use* by 2011

## Objectives:

Inform a statewide e-prescribing plan through regional experience to:

- Increase provider adoption
- Increase payor provision of electronic eligibility, formulary and medication history
- Increase pharmacy connectivity
- Raise consumer and purchaser confidence and demand



# Program Success – Measuring our Success

**Goal:** Support California providers to adopt eRx to achieve EHR meaningful use by 2011

## **Objectives:**

Inform a statewide e-prescribing plan through regional experience to:

- Increase provider adoption
- Increase payor provision of electronic eligibility, formulary and medication history
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- Raise consumer and purchaser confidence and demand

## **Metrics:**

- Double percent of active prescribers year after year to achieve 50% adoption among physicians by 2012
- All pharmacies should be capable of accepting electronic prescriptions and processing refills by 2011
- Double the number of lives accessible via health plan supplied data (eligibility, formulary and medical history) to achieve nearly 100% of lives available by 2011

# Regional Information Gathering Objectives

## ***Implementation-focused Discussions***

- Collaborative Discussion
  - Gathering major medical groups
  - Pharmacy outreach
  - Health plan outreach
- Inform development of statewide plan to spread eRx
  - Key success metrics
  - Progress reporting
  - Health plan and pharmacy alignment
  - Sharing of previous project experience
  - Gathering of lessons learned and best practices with regions across CA
- Culmination in meetings of regional stakeholders (prescribers, pharmacists, health plans, staff, employer and community leaders) in specific regions beginning in Fall '09



# Consortium Workgroup Goals

## ■ **Regional Stakeholders**

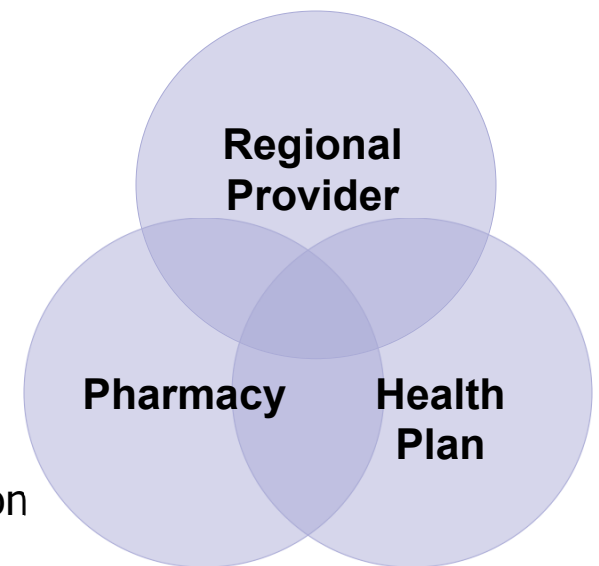
- Improve provider and medical group collaboration
- Increase opportunity to discuss and identify solutions for local eRx challenges
- Share best practices and lessons learned
  - Feet on the street
  - Improved patient outcomes
  - Patient population management
  - Improved quality and efficiency

## ■ **Health Plan**

- Increase health plan provision of formulary, eligibility, medication history
  - Baseline availability today
  - Aggressively communication and recruit participation
  - Measure progress
- Align incentives for provider use of eRx

## ■ **Pharmacy**

- Maximize (or improve) chain and independent pharmacy connectivity
- Improve SureScripts and pharmacy communications
- Provide communication channel for discussing complex issues, e.g. refill processing



# eRx Information Center – www.calerx.com\*

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## E-Prescribing Information Center

A Project of the California E-Prescribing Consortium

[Home](#)

[Find Providers and Pharmacies](#)

[Find Payers](#)

[News about E-Prescribing](#)

[Educational Tools](#)

### Connecting California Providers, Pharmacies, and Payers through E-Prescribing

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#### Find Providers and Pharmacies Who E-Prescribe

1 **Show:**  Providers  Pharmacies

2 **Display as:**  List  Map

3 **Data for:**

Counties

or Zip Codes

**Go**

#### Find Payers Who Work with E-Prescribers

[View List of Payers](#)

#### EDUCATIONAL TOOLS

##### Providers

- [Getting Started](#)
- [Optimizing Use](#)

##### Pharmacies

#### SPOTLIGHT NEWS

- [Lorem ipsum dolor sit amet, lorem ipsum dolor sit amet consecutuer](#)
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#### REGIONAL FOCUS

- [Sacramento](#)



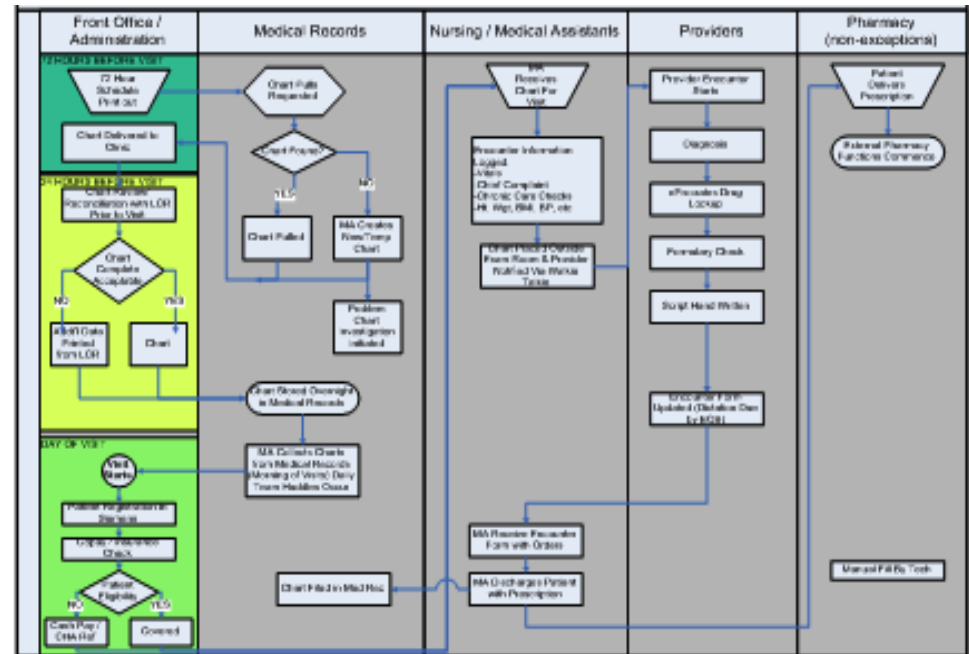
# Top 10 Factors for eRx Success

1. Ensure executive-level sponsorship and physician leadership endorsement/organizational readiness assessment
2. Plan for fiscal and workflow impact on organization and staff
3. **Engage pharmacy and payer/PBM to ensure connectivity**
4. Create realistic expectations among providers and staff
5. **Establish a cross-functional provider and pharmacy leadership team (in large medical group or hospital settings)**
6. Engage physicians and staff in one-on-one training and support upon initial deployment
7. **Create a definition and QI measures for progress and success**
8. Organize a mechanism for communication and feedback
9. **Gain vendor commitment to support implementation and rollout**
10. Create a formal ongoing training and support plan

# Organizational Readiness: Preparing for eRx

## ■ Workflow Assessment

- Legacy workflows may not fit new eRx process
- Analyze workflow, work with vendor to align with technology
- Renewals
- Controlled substances
  - Controls cannot be sent electronically to pharmacies
  - Renewal requests CAN be sent to prescribers



## ■ Change Management

- Clear understanding across the organization why eRx is being pursued
- Users may be reluctant to change (e.g. choose to print scripts)
- Match renewals workflow to practice operations
  - Consider who responds to renewals, absences and backup



## Getting Ready: Point of Care eRx vendor

- Involve a cross-functional project team in vendor selection
  - Consider an alternative vendor in case all else fails
- Vendor contract
  - Insist that “must-have” needs are included as “Functional Specifications” in the Agreement, e.g. SureScripts certification, access to health plan data and refill capabilities
  - Spell out pricing in the Agreement: flat fees, hourly, “not-to-exceed” limit
  - Tie payments to the vendor’s successful completion of milestone tasks – GO LIVE is *post* acceptance testing
  - Insist that the vendor provide a limited warranty and maintenance services
  - Strive to keep transaction fees as transparent as possible (and avoid double dipping)
- Implementation
  - Include training of all staff (Super User, front desk, pharmacist, clinician)
  - Insist on acceptance testing (eRx and pharmacy software) with ability to terminate without payment
- Budget for technical advisors (including Surescripts) and legal counsel



## Feet on the Street

- Training
  - Involve everyone touching patients or scripts
  - Include a “physician champion” as part of the roll-out team
  - Train consistently until usage is common practice
  - Take lessons learned from early challenges and apply to future participant trainings
  - Assign a Super User to answer questions
  - Provide a centralized repository for help and support
- Support
  - Ensure a strong practice support process is in place to report problems and log cases
    - Logged cases are assigned numbers and tracked to closure
  - Vendors must be engaged in order to acknowledge responsibilities, need official reports to resolve issues
  - Seek community resources and peer support



## Proactively Addressing Challenges

- Faxed renewals and mishandled scripts
  - Inability to match prescriber from download
  - Renewal request generation not well integrated into pharmacy software
  - Slow or missing responses
  - Training and practical experience
- Renewal processing
- Directories, downloads and matching
- Ensure efficient provider – pharmacy communications
  - Build local relationships and key contacts
  - Training and reinforcement
- Develop relationships with health plans and request patient eligibility, formulary and medication history information be made available through surescripts



# Roadmap to Success Requires Community-Wide Collaboration

## ***Questions, Answers and Discussion***

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