

E-Prescribing Update

Catherine C Graeff, R.Ph., MBA

Sr. Vice President

National Council for Prescription Drug Programs

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Topics

- Highlights of Final Rule
- Status of Standards Development
- Roadblocks to Adoption
- CMS Pilot Programs

Current Prescribing Environment

- 3-4 billion prescriptions written annually
- 65% of public receives at least one Rx per year
- Drug decisions made with limited information
- Most prescriptions are handwritten

What is e-Prescribing?

“e-Prescribing means the transmission, using electronic media, of a prescription or prescription-related information, between a prescriber, dispenser, PBM, or health plan, either directly or through an intermediary, including an e-prescribing network.”

E-Prescribing Defined

- Enables a physician to transmit a prescription electronically to a patient's pharmacy of choice
- Provides drug plan benefits, eligibility, formulary and medication history at the point of care

Why e-Prescribing?

- Medication errors harm over 1.5 million people each year
- Treating drug-related injuries in hospitals cost about \$3.5 billion annually

July 2006 Institute of Medicine Report

Current Dispenser Process Issues

- Difficulty reading handwritten prescriptions
- Little or no information on patient's condition
- Phone call needed for 30% of all prescriptions
- Inefficient process

Current Prescriber Process Issues

- Drug info not readily retrievable
- Drug formularies cumbersome and outdated
- Patient medical history often incomplete
- Unaware of potential interactions or duplicate therapies
- Little feedback to prescriber on patient compliance

ROI Behind ePrescribing

- Payer
 - Increase in use of Generics and Preferred Brands
 - Henry Ford
 - Massachusetts
 - Increased efficiencies in operations
- Pharmacy
 - Increased workflow efficiencies
- Physician
 - Increased office workflow efficiencies
 - Unrealized cost savings especially with EHR

Safety and Quality Issues

- Patient Safety
 - Assumed versus realized
 - Henry Ford
 - Massachusetts
 - Legibility
 - Decision Support Information at POC
 - DUR
 - Cost
 - Convenience
 - Real-time Medication History at Point of Acute Care Admission

Barriers to Physician Adoption

- \$\$\$\$\$\$
- Time
 - Choosing a product
 - RFP
 - Implementation
 - Upgrades
- The Physician ROI takes time!!!

ePrescribing Landscape

- Infrastructure is in Place
 - RxHub for Connectivity to Payers
 - SureScripts, Per-Se, eRx and Medavent for connectivity to pharmacie
 - >90% of pharmacies are certified to receive prescriptions electronically
- Technology Vendors are connecting and in production
- Hospital Aggregators are connecting for Med History
- CMS Pilots are underway

MMA of 2003 - Highlights of Final e-Prescribing Rule

- Requires Part D Plans to support e-prescribing if physicians and pharmacies utilize.
- Established a set of “Foundation Standards” for e-prescribing of drugs covered by Medicare
- Pilot programs to test “Initial” standards to be made “Foundation Standards” no later than April 2006

Final Rule Foundation Standards

- NCPDP SCRIPT Standard
 - Between prescribers and dispensers for new Rx, refill request/response, Rx change request/response, cancellation request/response and related messages.
- ASC X12N 270/271, Version 4010
 - for eligibility and benefits between prescribers and Part D sponsors
- NCPDP Telecom Std. V5.1 or Batch 1.1
 - for eligibility between dispensers and Part D sponsors

SCRIPT Standard

- Developed to facilitate the electronic communication of prescription information.
 - Between prescribers and pharmacists
- Widespread in pharmacies – 75% have capability to receive
- Implementation Guides for Version 7, Releases 0 and 1 approved
- Version 8.1 in ballot

Proposed Rapid Development

- Proprietary messages currently in wide industry use
- Identified required Standard functionality
- Proposed NCPDP review and possibly adopt as ANSI-accredited standard
 - Medication History
 - Formulary & Benefit Coverage

Medication History

- Available at the point-of-care
- Aids prescriber in reviewing drug therapy history with patient
- Duplicate therapy or other alerts available to physician ***before*** Rx

Medication History

- Possible standard brought to NCPDP by industry
- NCPDP incorporated Medication History message in SCRIPT Standard v8.0
- Completing the NCPDP balloting and ANSI processes

Formulary & Benefit Standard

- Provide information at point of care
- Aids prescriber in choosing appropriate therapy
- Informs prescribers of:
 - Drug Formulary Status
 - Alternative Medications
 - Coverage Limitations
 - Copay for drug options

Formulary & Benefit Standard

- Specification brought forward to NCPDP by industry
- Industry Task Group evaluated and refined specification
- Completed the NCPDP balloting and ANSI processes

Pilot or Future Standards for e-Prescribing

- Fill Status Notification (SCRIPT)
- Prescriber and Dispenser Identifiers
- Drug Identifiers
- SIG
- Prior Authorization
- Drug-Drug Interaction
- ***Medical*** History
- Exchange of Medication History

“Initial” Standards

- Formulary and benefits
- Patient instructions (SIG)
- Prior Authorization messages
- Clinical Drug Terminology

- Pilot programs are testing initial standards

Clinical Drug Terminology

- NDC Code has limitations
- RxNorm terminology as a clinical drug identifier
 - Is a *mapping* terminology for bridging the gap between one drug knowledgebase and another
- Including RxNorm in SCRIPT Standard in 2006 Pilot Tests

Prescription Instructions (SIG)

- Currently no standards for SIG
- NCPDP Industry Task Group
 - Goal: Create standard method of representing components of the SIG instructions
 - Representation from HL7, CCR, etc
- SDOs would integrate the standard method into SDO standards

Prior Authorization

- Standards in use, some gaps
- NPRM recommends supporting ASC X12N 278 in obtaining real-time functionality

Prior Authorization Work Group

- Analyzing workflow and existing transactions
- Identifying gaps
- Standardizing the structure and content of the transaction
 - from prescriber to the plan, but leave content to the health plan
- ASC X12N 278 Health Care Services Review (perhaps with HL7 attachment)

Testing the Medicare Electronic Prescribing Standards

- Beginning 01/01/06, the HHS Secretary shall conduct a one-year pilot project to test the initial standards
 - Purpose is to provide for the efficient implementation of the standards
 - This is not required in areas that there is already adequate industry experience (i.e., for the foundation standards)
 - Participation in the pilot project is voluntary for physicians and pharmacists

CMS Pilot Programs

- RFAs released in September 2005
- Key components:
 - Must be conducted in CY 2006
 - \$6M available, no more than 9 funded, no award > \$2M
 - Cooperative agreements (coalitions)
 - Proposals evaluated by peer group
- At least 25% of population Medicare-eligible
- Testing EDI (vs fax) is critical
- Test the interoperability of Foundation and Initial Standards

Foundation Standards

- SCRIPT (new Rx, renewal, change, cancel, admin functions)
- ASC X12N 270/271
- NCPDP Telecommunication

Initial Standards

- Medication History
- Formulary & Benefits
- Structured & Codified SIG
- Prior Authorization (X12N 278)
- RxNorm (new Rx, renewal, cancel)
- SCRIPT (fill status)

MMA Pilot Awardees

1. New Jersey ePrescribing Action Coalition
 - RAND, Horizon, Caremark (PBM, mail, iScribe, Allscripts, RxHub, SureScripts, UMDNJ and Point-of-Care Partners)
2. SureScripts
 - SureScripts, Brown University, Allscripts, DrFirst, Gold Standard, MedPlus/Quest Diagnostics, ZixCorp, pharmacies in Florida, Massachusetts, Nevada, New Jersey, Tennessee and Rhode Island
3. Achieve Healthcare (Long-term Care)
 - Achieve Healthcare, RNA Health Information Systems, Benedictine Health System, Preferred Choice Pharmacy, RxHub, Prime Therapeutics, BCBSMN

MMA Pilot Awardees (cont)

4. Brigham & Women's (Massachusetts)
 - B&W Hospital, Partners Healthcare, MA-Share, CSC, BCBSMA, RxHub, SureScripts
5. Ohio KePRO-UPCP
 - University Primary Care & Specialty Physicians (UPCP), Ohio KePRO, InstantDx, NDC Health, RxHub, SureScripts, Qualchoice, Aetna, MGMA Center for Research and the University of Minnesota

Overview of Pilots

- Comprehensive, with 5 very different approaches
- SureScripts, RxHub involved in 4 of 5 pilots each
- OnCallData (InstantDx) is involved in 3, Allscripts 2
- Very cooperative environment
- Objective is to advise Congress and CMS on policy issues
- Timing is an issue

LTC E-Prescribing Pilot Study Abstract

- Electronic Prescribing is new to Long-Term Care
 - 1.5 Million Residents in 17,000 Facilities
- The study includes two geographically diverse treatments facilities (BHS) and two comparison facilities (non BHS)
- Three phase implementation and study
- Participants were chosen for demonstrated thought leadership in the areas of LTC technology adoption and electronic prescribing standards development

LTC E-Prescribing Nuances

- Three way communication between
 - Prescriber
 - Nurse/Facility
 - Pharmacy
- Most orders have no end date
- Refill requests represent 80% of orders
- Renewals are different than in retail
- Need formulary and benefit information
 - Part A, Part D, and Medicaid
- Need electronic prior authorization

Testing the Medicare Electronic Prescribing Standards

- The HHS Secretary shall conduct and evaluation of the pilot projects and report to Congress on it no later than 04/01/07
- Based upon this evaluation, the Secretary shall finalize standards no later than 04/01/09

Medicaid and e-Prescribing